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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 16 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2329

Registration District No. 301

Primary Registration District No. 4450

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Doniphan
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 Months years, months or days)

3: (a) PRINT FULL NAME Bessie May Jonas
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Amos L. Jonas 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 60 Months 6 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Obolons Ills (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER
12. Name John Maloy
13. Birthplace Obolons Ills (City, town, or county) (State or foreign country)
14. Maiden name Sadie Fall
15. Birthplace Obolons Ills (City, town, or county) (State or foreign country)

16. (a) Informant A. L. Jonas
(b) Address Doniphan Mo

17. (a) Removed (b) Date thereof 7-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Paplar Bluff Mo

18. (a) Signature of funeral director Frank C Johnson
(b) Address Paplar Bluff Mo

19. (a) 7-18-48 (b) E. P. Johnston (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley
(c) City or town Doniphan (If outside city or town limits, write "RURAL")
(d) Street No. W. Conn Apts. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1948 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from 15 July 1948 to 7-16 1948, that I last saw her alive on 15 July 1948 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Carcinoma (primary uterus)
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____ Of autopsy 48B
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) Means of injury _____
23. Signature Frank C Johnson (M. D. or other) MD
Address Doniphan, Mo Date signed 16 July 48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED: 8-9-48
District Health Officer No. 5,
District File Number, 840512
Date Filed 8-10-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo W Green

Licensed Embalmer No. 2964

P. O. Address Coplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.