

FILED OCT 8 1948

Registration District No. 64

Primary Registration District No. 4110

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Salisbury  
(If outside city or town limits, write "RURAL" and name of township)  
(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 twenty years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Lillie Freece Jones

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Franklin Andrew Jones 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Aug 24 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 1 2 hr. min.

9. Birthplace Saline County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Allen A Smith  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Freece  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Jones

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 9-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury Mo

18. (a) Signature of funeral director W. W. Kelmeyer

(b) Address Salisbury Mo

19. (a) 9/27/48 (b) W. W. Kelmeyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton  
(c) City or town Salisbury  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26  
year 1948 hour 7 minute 66 M.

21. I hereby certify that I attended the deceased from Sept 26  
76 - 1948, to 9-26 1948  
that I last saw her alive on 9-26 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration Sudden

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: AW  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (b) Means of injury \_\_\_\_\_

23. Signature W. W. Kelmeyer (M. D. or other) M.D.  
Address Salisbury Mo Date signed 9/27/48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-7-48.....

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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.....

Licensed Embalmer No. 3842.....

P. O. Address Salisbury.....

**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.