

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

FILED OCT 6 1948

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Gresnell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Kennett Rural  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME MARY JOSEPHINE JONES

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Frank Jones 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased March unknown unknown (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24  
year 1948 hour 12 minute 25 A. M.  
21. I hereby certify that I attended the deceased from 9-22 1948 to 9-24 1948  
that I last saw her alive on 9-24 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Hernia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years About 76 Months - Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name unknown

13. Birthplace unknown, unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown, unknown (City, town, or county) (State or foreign country)

16. (a) Informant Gen. Guy D. Sherrill

(b) Address Kennett, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Liberty Cemetery

18. (a) Signature of funeral director Walter J. Jones

(b) Address 1124th Street, Kennett, Mo.

19. (a) 9-28-48 (Date received local registrar) (b) Carl Huber (Registrar's signature)

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) (e) Means of injury 0

23. Signature W. Wilson (M. D. or other) MD  
Address Kennett Mo Date signed 9-27-48

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

MOTHER, FATHER

RECEIVED

District Health Office No. 2,

District File Number 1048-1260

Date Filed 10-4-48

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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.....

P. O. Address.....

**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.**