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47  
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3906

FILED OCT 27 1948

Registration District No. 43

Primary Registration District No. 4059

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

**1. PLACE OF DEATH:**

(a) County Butler

(b) City or town Neelyville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 years (Specify whether years, months or days)

In this community 31 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Butler 12

(c) City or town Neelyville  
(If outside city or town limits, write "RURAL") 5

(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** John J. Jones

3. (b) If veteran — name war \_\_\_\_\_

3. (c) Social Security No. —

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 14  
year 1948 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 10/11/48  
19\_\_\_\_ to 10/13/48 19\_\_\_\_

that I last saw him alive on 10/15/48 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race Caucas

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: 2 - 10 - 1882  
(Month) (Day) (Year)

Immediate cause of death Bilateral Subar Pneumonia Duration 12 days

**8. AGE:** Years 66 Months 8 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown (City, town, or county) (State or foreign country) 2

10. Usual occupation Farmer

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

12. Name Unknown 51

13. Birthplace Unknown (City, town, or county) (State or foreign country) 51

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 51

16. (a) Informant Maggie Jones

(b) Address Neelyville Mo.

17. (a) Burial (b) Date thereof 10-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville Mo.

18. (a) Signature of funeral director Fred G. Smith

(b) Address Seaton Mo. 1212 main st.

19. (a) 10/14/48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

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

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 108

**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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD

Address 1212 main st Seaton Mo Date signed 10/14/48

NOV 30 1948

OCT 28 1948

MAY 7 1951

RECEIVED  
District Health Office No.  
District File Number 1048-1  
Date Filed 10-25

**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 Fred Smith  
Licensed Embalmer No. 4408  
P. O. Address Sikeston, Mo

**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.**