

FILED NOV 8 1948
Registration District No. 67

Primary Registration District No. 5261

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Garrison
(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 28 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Garrison
(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 Bertha Belle Jones

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 year 1948 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 10, 1948 to Oct 9, 1948
that I last saw her alive on 8 Oct, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Duration 6 mths

4. Sex F. 5. Color W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Thomas Jones 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 16 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace: Louisiana, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James L. Norris

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

14. Maiden name Mary Elizabeth Shelburn

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

16. (a) Informant George Jones
(b) Address Garrison, Missouri

17. (a) Burial (b) Date thereof 10-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garrison, Missouri

18. (a) Signature of funeral director John H. Davis
(b) Address Cleary, Mo

19. (a) 10-18-48 (b) Lillie Barr
(Date received final registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 9/4/48

Of autopsy _____

PHYSICIAN _____
Underline the cause of 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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature S. D. Roper (M. D. or other) M.D.
Address Cleary, Mo Date signed 9 Oct 48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1148-1242

Date Filed 11-5-48

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 _____

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.