

FILED NOV 6 1948

Registration District No. 29

Primary Registration District No. 4155

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Dade  
(b) City or town Everton  
(c) Name of hospital or institution Residence  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Native years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade  
(c) City or town Everton  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Oregon Benjamin Jones

(b) If veteran, name war No (c) Social Security No. 447-24-5179

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Edna Jones 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased (Month) 6 (Day) 8 (Year) 1887

8. AGE: Years 61 Months 3 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name James Jones

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

14. Maiden name Wacy Coble

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

16. (a) Informant Mrs. Edna Jones

(b) Address Everton Mo.

17. (a) Burial (b) Date thereof 10-19-48 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty

18. (a) Signature of funeral director Wagner-Heiman

(b) Address Ad. House Mo.

19. (a) 18-23-44 (b) Lee L. Weir (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16 year 1948 hour 7 minute 07 A.M.

21. I hereby certify that I attended the deceased from Jan Oct 1947 to Oct 15 1948; that I last saw him alive on Oct 15 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to arteriosclerosis

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

Major findings: Of operations None  
Of autopsy None

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 W. H. Jones (M. D. or other) DO  
Address Everton Mo. Date signed 10/16/48

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

RECEIVED

District Health Officer No. }  
District File Number 1148-1230  
Date Filed 11-4-48

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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 E. R. Seiman  
Licensed Embalmer No. 3297  
P. O. Address Miller 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.