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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39302
Registrar's No. 9877

Registration District No. 15

Primary Registration District No. 3004

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. 305 West 10th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josiah Samuel Jones

3. (b) If veteran, name war No
3. (c) Social Security No. none

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Belle Curry
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased September 11 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 19
If less than one day _____ hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business _____

MOTHER FATHER { 12. Name William Jones
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Luey Jones
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. S. Jones
(b) Address Lamar, Mo.

17. (a) Burial (b) Date thereof 1/3/1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tanthe Cemetery

18. (a) Signature of funeral director Chiles Funeral Home

(b) Address Lamar, Mo.

19. (a) JAN 3 - 1949 (b) Marie Konstant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1948 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 23, 1948 to Dec. 30, 1948
that I last saw him alive on Dec. 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
Cause undetermined

Duration

Days

Due to _____

Due to _____

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 73P

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)
(c) Means of injury _____

23. Signature Fern T. Bichel (M. D. or other) MD

Address Lamar, Mo. Date signed 12/30/48

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

RECEIVED

District Health Officer No. 6;

District File Number 149-48

Date Filed 1-11-49

DM

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 _____

Clarence J. Chiles

Licensed Embalmer No. _____

3473

P. O. Address _____

Lamar 7160

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.