

FILED DEC 22 1948

Registration District No. 177

Primary Registration District No. 3016

State File No. _____

Registrar's No. 278

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

1. PLACE OF DEATH:

(a) County Deals

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

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Miller Co.

(c) City or town U. I. MAN
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RONALD DEAN JONES

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased: Sept 29 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
— 2 11 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Farris Jones

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

14. Maiden name Allen Sloan

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

16. (a) Informant Farris Jones

(b) Address Uman MO

17. (a) Burial (b) Date thereof 12-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Uman MO

18. (a) Signature of funeral director Ronald A. Adams

(b) Address Gheria MO

19. (a) 12-14-48 (b) R. P. Davis MD
(Date received local registrar) (Registrar's signature)

0 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
 year 1948 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 4
1948, to Dec. 9 1948;
 that I last saw him alive on Dec. 9 1948,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia Duration 3 da.

Due to post-operative infection

Due to 15

Other conditions: Pyloric Stenosis Since Birth

(Include pregnancy within 3 months of death)
post-operative

Major findings: Large pyloric muscle tumor which was incised by autopsy PHYSICIAN
Ramstedt procedure
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 John S. Bennett (M. D. or other) MD
 Address Jefferson City, Mo. Date signed 12/14/48

RECEIVED
District Health Officer No. 9,
District File Number
DEC 21 1948
Date Filed

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 *Leon Adams*.....

Licensed Embalmer No. *4207*.....

P. O. Address *Shenandoah, 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.