

FILED DEC 17 1948

Registration District No. 240

Primary Registration District No. 4358

Registrar's No. 35

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

2
2
2

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Lilbourn
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72
(c) City or town Lilbourn 2
(If outside city or town limits, write "RURAL") 8
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Willie R. Jones

(b) If veteran, name war World 2 (c) Social Security No. 499-20-8597

4. Sex Male 2, 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Coretha Jones (c) Age of husband or wife if alive 16 years

7. Birth date of deceased October 14 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>1</u>	<u>27</u>	hr. min.

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

10. Usual occupation Laborer.

11. Industry or business Federal Compress.

MOTHER FATHER

12. Name Ben Jones.

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

14. Maiden name Lula Smith.

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

16. (a) Informant Lula Thompson

(b) Address 231 Dixie St. Sikeston, Mo.

17. (a) Burial (b) Date thereof 12-19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poor Farm Cem.

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

(b) Address Lilbourn, Missouri

19. (a) 12-14-48 (b) H. J. Ponder Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Shot in head, back part with pistol. 38.
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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) Homicide

(b) Date of occurrence Dec 11-1948

(c) Where did injury occur? Lilbourn New Madrid Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3

While at work? _____ (Specify type of place) (e) Means of injury Carover

23. Signature J. S. Helguth (M. D. or other)

Address New Madrid Mo. Date signed 12/13-48

FEB 4 1949

RECEIVED
District Health Office No. 2,
District File Number 22462-1668
Date Filed 12-15-48

DEC 21 1948

DEC 10 1953

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 *Lis Argyuth*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid, 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.