

S. No. 2
M-5-43
5-17-39
I X36671

FILED DEC 22 1948
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 318

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
1226 Myra
(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 Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 1226 Myra
(If rural, give location)

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

3. (a) PRINT FULL NAME Allen W. 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 Married

6. (b) Name of husband or wife Rosa M. Jones

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

7. Birth date of deceased: Jan 2 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 11 12 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name George W. Jones

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

14. Maiden name Nancy Lynch

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

16. (a) Informant Mrs A.W. Jones

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Dec 15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly Mo

19. (a) Dec 15-48 (b) Leah Hubbard Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14th year 1948 hour 4 minute 30 AM.

21. I hereby certify that I attended the deceased from June 1948 to Dec 14 1948; that I last saw him alive on Dec 14 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Duration: year

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 W. H. Mc Cormick D.D. (M. D. or other)

Address 300 1/2 Red St. Moberly, Mo. Date signed 12-15-48

RECEIVED

District Health Officer No. 10

District File Number 12-48-2163

Date Filed DEC 20 1948

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 Frank L. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.