

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15040

BIRTH NO.		REG. DIST. NO. <u>46</u>	PRIMARY REG. DIST. NO. <u>4064</u>	Registrar's No. <u>20</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Calwell</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Clawey</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kidder</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kidder</u>		
c. LENGTH OF STAY (In this place) <u>50 years</u>		d. STREET ADDRESS (If rural, give location) <u>East part of town</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Best part of town</u>		d. STREET ADDRESS (If rural, give location) <u>East part of town</u>		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Dora</u> b. (Middle) <u>Francis</u> c. (Last) <u>Jones</u>			<u>April 29 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 11, 1863</u>	9. AGE (In years last birthday) <u>85</u> Months <u>4</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>	11. BIRTHPLACE (State or foreign country) <u>Scott Co., Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jackson Hankins</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Adams</u>		14. NAME OF HUSBAND OR WIFE <u>James Madison Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillian Kresse Kidder, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Serulity</u>		II. OTHER SIGNIFICANT CONDITIONS <u>794X</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>April, 1948</u> , to <u>April, 1949</u> , that I last saw the deceased alive on <u>April 15, 1949</u> , and that death occurred at <u>8 9</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Fred K. Wilson M.D.</u>		23b. ADDRESS <u>Winston, Missouri</u>		23c. DATE SIGNED <u>May 1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 1st, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidder Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Kidder MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bram Funeral Home Hamilton, MO.</u>		
DATE REC'D BY LOCAL REG. <u>May 15/49</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u> 37		

(Licensed Embalmer's Statement on Reverse Side)

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

STATEMENT BY LICENSED EMBALMER

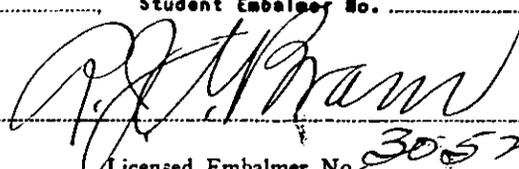
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3057

P. O. Address Hamilton

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.