

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15197

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 687

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>	c. LENGTH OF STAY (in this place) <u>2 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>611 E. Capital Ave</u>	
3. NAME OF DECEASED (Type or Print) <u>MARIE</u>		a. (First) <u>A</u>	b. (Middle) <u>JONES</u>
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 18 1907</u>
9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during hour of working life, even if dead) <u>Secretary - Mo State Highway Dept</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cass Co Mo</u>	11. BIRTHPLACE (State or foreign country) <u>Cass Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>G.A. Jones Sr.</u>	
13b. MOTHER'S MAIDEN NAME <u>Katie Ferabee</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>S. A. Jones Jr.</u>		ADDRESS <u>Harrisonville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>None</u>	
DUE TO (c) <u>None</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lymphosarcoma</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Harrisonville, Cass Mo.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville, Cass Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>---</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>	
22. I hereby certify that I attended the deceased from <u>5-14</u> , 19 <u>49</u> , to <u>5-15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-15</u> , 19 <u>49</u> , and that death occurred at <u>12</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry B. Newton</u>		23b. ADDRESS <u>Harrisonville, Mo.</u>	
23c. DATE SIGNED <u>5-15-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 17-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rosehill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Latour Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 14, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Remmberg</u>		ADDRESS <u>Harrisonville Mo.</u>	

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

APR 2 3 1949

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 Ernest Remington

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.