

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5186 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give town) Rural 3 Rاندوب		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 201 South Lorimer Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Five Miles north of Cape Girardeau on Mississippi River			

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3. NAME OF DECEASED (Type or Print) SANFORD G JONES		4. DATE OF DEATH (Month) (Day) (Year) November 7, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1922
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR 3 Months 15 Days	IF UNDER 1 HR. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) State Service Off. Vet. Adm.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Charleston, Missouri
		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Ernest O. Jones	13b. MOTHER'S MAIDEN NAME Ethel Jackson	14. NAME OF HUSBAND OR WIFE Dorothy Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Jones		ADDRESS Cape Girardeau, Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning in the Mississippi River from waves Cap Sinking Their Boat		8850
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	42

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Big Falls	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) Nov 7 49 8:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? By Drowning

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22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. P. Driskiey 3	23b. ADDRESS Coroner U.S. Pacific Cape Gir	23c. DATE SIGNED Nov 8 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 9, 1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
DATE REC'D BY LOCAL REG. 11-8-1949	REGISTRAR'S SIGNATURE C. C. Summers	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
25. FUNERAL DIRECTOR'S SIGNATURE Halbert Funeral Home Cape Gir		ADDRESS

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

JAN 19 1950

NOV 18 1949

RECEIVED 11-14-49

District Officer No. 4
L. 1149-149
Date

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 William Lee Jones

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau

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.