

FILED DEC 7 1953

STANDARD CERTIFICATE OF DEATH

State File No. 38309

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1229

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
 c. LENGTH OF STAY (in this place) 1 yr.
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri
 b. COUNTY Buchanan
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
 d. STREET ADDRESS (If rural, give location) 2007 Main St. 01170

3. NAME OF DECEASED
 a. (First) FRANCES
 b. (Middle) JONESON
 c. (Last) JONESON

4. DATE OF DEATH (Month) (Day) (Year)
 Nov. 23 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 14, 1865

9. AGE (In years last birthday) 88
 # UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) White Hall, Michigan

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ira Larson

13b. MOTHER'S MAIDEN NAME Mary - Unk.

14. NAME OF HUSBAND OR WIFE Charles Joneson (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles Habert St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-Intestinal Hem
 ANTECEDENT CAUSES Etiology unknown
 DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) Senility
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 days
 Yes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 578X

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20-1953, to 11-23-1953, that I last saw the deceased alive on 11-23-1953, and that death occurred at 1:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE M.E. Grimes M.D.

23b. ADDRESS St. Joseph Mo

23c. DATE SIGNED 11/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Nov. 25, 1953

24c. NAME OF CEMETERY OR CREMATORY Creston, Iowa

24d. LOCATION (City, town, or county) (State) Creston Iowa

DATE REC'D BY LOCAL REG. Dec 1, 1953

REGISTRAR'S SIGNATURE Kathen M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Mary Funeral Home St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Charles J. Bennett*

Licensed Embalmer No. *4634*

P. O. Address *St. Joseph 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.