

Registration District No. **137**

Primary Registration District No. **-3023 5517**

Registrar's No. **163**

1. PLACE OF DEATH: **Henry**

(a) County **Henry**

(b) City or town **Rural - Calhoun**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 days**
(Specify whether years, months or days)

In this community **30 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**

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

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: **0**

3. (a) PRINT FULL NAME **Mary E. Jonish**

3. (b) If veteran, name war: **No**

3. (c) Social Security No. **No**

4. Sex **F** / 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Florlan Jonish**

6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **September 26, 1870**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **12**
If less than one day hr. min.

9. Birthplace **Maries County, Missouri**
(City, town, or county) (State or foreign country)
at home

10. Usual occupation **" "**

11. Industry or business **" "**

MOTHER FATHER { 12. Name **Charles Braden**

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

14. Maiden name **unknown**

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

16. (a) Informant **Mrs. Jane Franklin**

(b) Address **Calhoun, Missouri**

17. (a) **burial** (b) Date thereof **Oct. 9, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calhoun, Mo.**

18. (a) Signature of funeral director **Huston Turner**

(b) Address **Windsor, Mo.**

19. (a) **Oct 31-45** (b) **W. H. Ramsey**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **October** day **8**
year **1945** hour **6** minute **30** a. M.

21. I hereby certify that I attended the deceased from **left 8**
Oct 8, 19**45**, to **Oct 8**, 19**45**
that I last saw her alive on **Oct 8**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Failure** Duration **0**

Due to.....

Due to.....

Other conditions **" "**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN **Doc**
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? **0** (Specify type of place) **0** (e) Means of injury **0**

23. Signature **W. H. Ramsey** (M. D. or other)
Address **Calhoun, Mo.** Date signed **Oct 31, 45**

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

12
0
0

RECEIVED

Case No. Officer No. 7,

Di. 10-45-1115-

Date filed 11-9-45-

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 *Edell J. Ginston*.....

Licensed Embalmer No. *3391*.....

P. O. Address *Windsor, 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.