

FILED DEC 7 1945
Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town CLINTON
(c) Name of hospital or institution: BETHLEHEM JVP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO.
In this community 61 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County HENRY
(c) City or town CLINTON
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELLA M. JONES
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex TH 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife CHARLES W JONES 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased AUG 4 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 3 2 hr. min.

9. Birthplace CLINTON MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WEEPER

11. Industry or business _____

MOTHER FATHER
12. Name HENRY H. BROT
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name SARAH RUTH STANLEY
15. Birthplace S. C.
(City, town, or county) (State or foreign country)

16. (a) Informant E. C. Jones
(b) Address Clinton, Mo

17. (a) Burial (b) Date thereof 11-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elgwood bur

18. (a) Signature of funeral director W. A. Bousant
(b) Address Clinton

19. (a) Nov 7-45 (b) P. P. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 6
year 1945 hour 6:50 minute P. M.
21. I hereby certify that I attended the deceased from June 12
1945 to Nov 6 1945
that I last saw her alive on Nov 4 1945
and that death occurred on the date and hour stated above

Immediate cause of death Hypostatic Pneumonia 2 days

Due to _____
Due to _____

Other conditions Dry gangrene of left lower leg below knee
(Include pregnancy within 3 months of death)
Major findings Of operations

Of autopsy 98.2

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? _____ (Specify type of place) (c) Means of injury _____

23. Signature Dr. P. S. Hollingsworth
Address Clinton Mo Date signed 11/7/45

Duration
Physician
Underline the cause to which death should be charged statistically.

Date filed

11-45-1172

12-6-45

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, W. A. Sanson

Registered Apprentice No. _____

working under my personal supervision.

Signed W. A. Sanson

Licensed Embalmer No. 3779

P.O. Address Clinton

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.