

FILED APR 10 1946

State File No. _____

Registration District No. 737

Primary Registration District No. 3023

Registrar's No. 52

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Clinton General Hospital
(If not in hospital or institution, write street number or locality)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 610 S Carter
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cora N. Jones
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 5
year 1946 hour 6 minute 00 P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Andrew Jones 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased (Month) 11 (Day) 1877 (Year)

21. I hereby certify that I attended the deceased from March 2, 1946, to March 5, 1946;
that I last saw her alive on March 5, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation Duration 4 hrs

8. AGE: Years 68 Months 3 Days 19 If less than one day hr. min.

Due to B. tracheo-bronchitis 3 day

9. Birthplace Mo Clinton Col
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housewife

Other conditions B. tracheal asthma chronic
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name not known
13. Birthplace not known
(City, town, or county) (State or foreign country)

Major findings: Of operations WIP
Of autopsy one 107

14. Maiden name Josephine Miller
15. Birthplace not known
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Della Curtis
(b) Address Clinton Mo
17. (a) burial (b) Date thereof 3 8 46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Crownwood cem
18. (a) Signature of funeral director Fred Williams
(b) Address Clinton Mo
19. (a) 3-5 46 (b) A. R. Kenney
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature S. B. Boyer (M. D. or other) M.D.
Address Clinton Mo Date signed 3/6/46

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

8110

EMBALMED

Office No. 7

3-46-325

Date: 4-9-46

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton M

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.