

National Office of Vital Statistics  
**FILED AUG 26 1947**  
Registration District No. 3023

Primary Registration District No. 3023

Registrar's No. 179

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: Moore's Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs  
(Specify whether years, months or days)

In this community: 40 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry 42

(c) City or town: Clinton 1  
(If outside city or town limits, write "RURAL")

(d) Street No.: 901 Nand St 2  
(If rural, give location)

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

3. (a) PRINT FULL NAME: Thomas J. Jones

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No.: \_\_\_\_\_

4. Sex: MO 5. Color or race: W 6. (a) Single, widowed, married, divorced: divorced

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: 11 18 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>9</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace: Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: \_\_\_\_\_

12. Name: Not known

13. Birthplace: Not known 9  
(City, town, or county) (State or foreign country)

14. Maiden name: Not known

15. Birthplace: Not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lucy Moore  
(b) Address: 901 Nand Clinton Mo

17. (a) Burial (b) Date thereof: 8-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood Cem

18. (a) Signature of funeral director: Sickman Dunning  
(b) Address: Clinton Mo

19. (a) 8-20-47 (b) R. St. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 19  
year: 1947 hour: P minute: 30 A.M.

21. I hereby certify that I attended the deceased from 6/28 1947 to 8/18 8/19 47  
that I last saw him alive on 8/18 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Dementia

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Duration: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

Underline the cause of 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? \_\_\_\_\_  
(Specify type of place)

While at work?  (c) Means of injury: \_\_\_\_\_

23. Signature: E. P. Peeler (M.D. or other) \_\_\_\_\_  
Address: Clinton Mo Date signed: 8/19/47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 7-47-1011  
Date Filed 8-25-47

SEP 3 1947

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.....  
*me*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. H. Halsey*  
Licensed Embalmer No. *3682*  
P. O. Address *Calhoun 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.