

National Office of Vital Statistics
FILED OCT 19 1948

Registration District No. **137**

Primary Registration District No. **4218**

Registrar's No. **213**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Windsor**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **800 S. Windsor Street**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Three weeks**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD # 1, Green Ridge**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **13**
year **1948** hour **10** minute **36** p. **M.**
21. I hereby certify that I attended the deceased from **Jan 1948**
19....., 19..... to **Oct 13** 19**48**.
that I last saw **her** alive on **Oct-10-** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocarditis
Hypertension
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
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?..... (e) Means of injury.....
23. Signature **J. R. Remy** (M. D. or other)
Address **Windsor Mo** Date signed **10/14/48**

3. (a) PRINT FULL NAME **Mrs. Elizabeth Martin Jones**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **James W. Jones** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **August 4 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 2 9 ..br.min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Joseph Martin**

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

14. Maiden name **Mary Estes**

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

16. (a) Informant **James W. Jones**

(b) Address **Green Ridge, Missouri**

17. (a) **Burial** (b) Date thereof **10-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Auston Turner**
Windsor, Missouri

(b) Address.....

19. (a) **10-15-48** (b) **R. R. Remy**
(Date received local registrar) (Registrar's signature)

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

23

803

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1216

Date Filed 10-18-48

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 _____

William M. Turner

Registered Apprentice No. 470

working under my personal supervision.

Signed _____

Edward H. Norton

Licensed Embalmer No. 3391

P. O. Address Windsor Man

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.