

Registration District No. 150 OCT 28 1940

Primary Registration District No. 4184

Registrar's No. 30

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town OWENSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OWENSVILLE MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 18 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town OWENSVILLE
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 5
year 1940 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 8-3, 1940, to 10-5, 1940;
that I last saw him alive on 10-5, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction Duration 30 min.

Due to Chronic Myocarditis Unknown

Due to Progressive Muscular Atrophy Unknown

Other conditions Arteriosclerosis Unknown

(Include pregnancy within 3 months of death)

Major findings: gla PHYSICIAN —

Of operations —

Of autopsy —

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) (e) Means of injury —

23. Signature Leth A. Barnes M.D. (M. D. or other) —
Address Owensville, Mo. Date signed 10-7-40

3. (a) PRINT FULL NAME SARAH CYDA JONES

8. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife W. A. JONES 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased APRIL 15 1980
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 20 If less than one day hr. — min. —

9. Birthplace DIXON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

12. Name JESSIE YOAKUM

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

14. Maiden name MARTHA MORROW

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

16. (a) Informant ROY JONES
(b) Address WASHINGTON MO.

17. (a) BURIAL (b) Date thereof 10-8-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION GEM IBERIA MO.

18. (a) Signature of funeral director W. F. Stattenbach
(b) Address Owensville Mo.

19. (a) 10-7-40 (b) Leth A. Barnes M.D.
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *Milford N. H. Hunter*

Licensed Embalmer No. *3838*

P. O. Address: *Owensville, 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, above space should be left blank.