

DEC 14 1940
Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
215 W Green St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 yrs years, months or days) _____

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. 215 W Green St
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1940 hour 1 minute 00 P. M.
21. I hereby certify that I attended the deceased from Nov 5
_____ 1940, to Nov 19, 1940
that I last saw him alive on Nov 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial pneumonia 4 da
Due to Congestive heart failure 1 mo
Due to _____
Other conditions 1070
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME Thomas I Jones

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Evelena Jones 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 31 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Real Estate Dealer

11. Industry or business _____

MOTHER FATHER
12. Name UNKNOWN ?
13. Birthplace UNKNOWN ?
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN ?
15. Birthplace UNKNOWN ?
(City, town, or county) (State or foreign country)

16. (a) Informant Adlai Jones
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11 20 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Uaich Cem

18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo

19. (a) Nov 10 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings:
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?
2/2 _____ (Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Clinton Mo Date signed 11-26-40

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

RECEIVED

District Health Officer No. 7.

District File Number 12-40-1778

Date Filed 12-12-40

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.....

Licensed Embalmer No.

P. O. Address.....

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.