

FILED APR 10 1942

Registration District No. 347

Primary Registration District No. 5494

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Bear Creek Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 mi E of Montrose
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 33 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 042
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi E of Montrose
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elmer E Jones

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Daisy Jones 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased 10 20 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business
12. Name Glad Jones
13. Birthplace Waverly Ill
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hayes
15. Birthplace Chicago Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Daisy Jones
(b) Address Montrose Mo

17. (a) Rural (b) Date thereof 3-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bear Creek Cem

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

19. (a) March 19, 1942 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1942 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 17
17 1942 to March 17 1942
that I last saw him alive on March 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to 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?.....

While at work? WAS (Specify type of place)
(e) Means of injury 0
23. Signature WAS (M. D. or other) 0
Address Appleton City, Mo Date signed 3-19-42

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

42
0
0

MOTHER FATHER

1069

RECEIVED

District Health Officer No. 7,

District File Number 4-42-312

Date Filed 4-7-42

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 Wilkerson

Licensed Embalmer No.

2478

P. O. Address

Clinton 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.