

S. No. 2  
DOM-5-43  
ev. 5-17-39  
I X36671

State File No. ....

Registrar's No. 34

FILED MAY 16 1945

Registration District No. 13

Primary Registration District No. 3003

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

1. PLACE OF DEATH:

(a) County Barry monet

(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Vincents Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks + 1 day  
(Specify whether years, months or days)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Monett  
(If outside city or town limits, write "RURAL")

(d) Street No. 501 - 3rd st.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country none

3. (a) PRINT FULL NAME Blanche Eulala Jones

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race YR

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank Ellis Jones

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 6 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 17  
If less than one day hr. min.

9. Birthplace Cassville-Barry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Samuel Thomas Clutter

13. Birthplace Rock Island Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Serena Andrews

15. Birthplace Cassville-Barry Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank E Jones

(b) Address 501 - 3rd st Monett Mo.

17. (a) Burial (b) Date thereof 4-26-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loof cem - Monett Mo.

18. (a) Signature of funeral director Callaway

(b) Address Monett Missouri

19. (a) Apr-25-1945 (b) Audna Willoughby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1945 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 19  
1945 to April 23 1945

that I last saw her alive on April 24 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - primary in ovary

Due to metastases to liver

Due to .....

Other conditions HGD  
(Include pregnancy within 3 months of death)

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? .....

While at work? (Specify type of place) .....

Means of injury .....

23. Signature Frank E Jones MD (M. D. or other) .....

Address Monett Mo. Date signed 4/20/45

Duration .....

PHYSICIAN .....

Underline the cause to which death should be charged statistically.

1320

RECEIVED

District Health Officer No. 6,

District File Number 545-564

Date Filed MAY 10 1945

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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address: Monett 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.**