

FILED APR 10 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **377**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **mo. Methodist Hosp. D**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether **10 days**)
In this community **10 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **DeKalb**
(c) City or town **Union Star Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **-----**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) **WILLIAM KERMIT JONES**

FULL NAME **Kermit Jones**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **482-01-4384**

4. Sex **M** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S O**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov. 2 1904**
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day	
				hr.	min.
	41	4	11		

9. Birthplace **Whitesville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Hotel desk Clerk**

11. Industry or business _____

12. Name **Rev. Ernest Jones D**

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

14. Maiden name **Fida Samuels**

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

16. (a) Informant **E. E. Jones**

(b) Address **Union Star Mo.**

17. (a) **Burial** (b) Date thereof **April 2, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Star Mo.**

18. (a) Signature of funeral director **Lucile M. Wilson**

(b) Address **King City Mo.**

19. (a) **April 1, 1946** (b) **W. H. Heath**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **31**
year **1946** hour **2** minute **30** a.m.

21. I hereby certify that I attended the deceased from **Mar 21**, 19**46**, to **Mar 31**, 19**46**,
that I last saw him alive on **Mar 30**, 19**46**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **15 days**
Super imposed on Chronic Heart Disease
Due to **Gangrenous perforated app** **5 days**
Due to **Obstruction bowel** **5 days**

Other conditions **Chronic Myocarditis**
(Include pregnancy within 3 months of death)

Major findings: **Obstruction clam**
Of operations **by adhesion at app. which was perforated**
Of autopsy **No autopsy**
Physician _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 **W. S. Jansard** (M. D. or other) _____
Address **St. Joseph Mo.** Date signed **3-31-46**

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

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..... *Lucile M. Wilson*.....

Licensed Embalmer No. *2839*

P. O. Address *King City, 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.