

Registration District No. 25

Primary Registration District No. 4036

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rich Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1115 E. Maple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Bates
(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 1115 E. Maple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Washington Jones
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month Dec day 4
year 1946 hour 9 minute 59A.M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Florentine Jones 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 8 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 7 1946 to Dec 4 1946
that I last saw him alive on Dec 3 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 8 Days 26 If less than one day hr. _____ min. _____

Immediate cause of death Myocardial infarction
Due to _____
Due to _____

9. Birthplace Wash Washington MO
(City, town, or county) (State or foreign country)

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

10. Usual occupation Foreman B.B. Dep. Molac

Major findings: Of operations _____
Of autopsy 9.3D
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. S. W. Jones
(b) Address 1115 E. Maple Rich Hill, MO
17. (a) Removal (b) Date thereof 12/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington, MO

(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? _____

18. (a) Signature of funeral director Booth
(b) Address Rich Hill, MO

While at work? 2 (Specify type of place)
(c) Means of injury _____

19. (a) Dec. 5. 1946 (b) Mrs. Edna Douglas
(Date received local registrar) (Registrar's signature)

23. Signature Edna Douglas (M. D. or other) _____
Address Rich Hill, MO Date signed 12/5/46

JUL 14 1958
JUL 24 1958

APR 1 1958

JUN 25 1958
8557
11-46
12-58-46

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.....

Harold M. Douglas, Registered Apprentice No. *410*
working under my personal supervision.

Signed *John G. Henderson*
Licensed Embalmer No. *3585*
P. O. Address. *Butler 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.