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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 25 1948

Registration District No. 224

Primary Registration District No. 5814

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution: Buffalo Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ / (Specify whether
in this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Versailles 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7 mi S.W of Versailles. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Jones

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1948 hour 3 minute 30 P. M.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Sarah Crosswhite Jones

6. (c) Age of husband or wife if alive Dec. years 9

7. Birth date of deceased Jan. (Month) 9 (Day) 1855 (Year)

21. I hereby certify that I attended the deceased from Feb 11
1948 to Feb 20 1948
that I last saw him alive on Feb 20 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 93 Months 1 Days 11
If less than one day _____ hr. _____ min.

Immediate cause of death Arterio Sclerosis 7 years
Due to Senility
Due to _____

9. Birthplace No Record Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Other conditions Senile Card 2 Wks
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Jones

13. Birthplace No Record England
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Clark

15. Birthplace No Record Scotland
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: 97
Of operations _____
Of autopsy _____

16. (a) Informant C. A. Jones

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof Feb. 22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ritchie Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Versailles, Mo.

19. (a) Feb 21 1948 (b) Wm. L. Rippeger
(Date received local registrar) (Name of registrar)

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)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address Versailles Mo Date signed 2/21/48

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

RECEIVED

Dist of Health Officer No. 7,

District File Number 1-48-95

Date Filed 2-24-48

SEP 22 1948

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 [Signature]

Licensed Embalmer No. 1596

P. O. Address Versailles 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.