

National Office of Vital Statistics

FILED MAR 4 1948

Registration District No. **378**

Primary Registration District No. **6285**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Wright**

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

(c) Name of hospital or institution: **None**  
(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 **Wright**

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

(d) Street No. **mtu Grove Township**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Campy JONES**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **18** 19**48**  
year \_\_\_\_\_ hour \_\_\_\_\_ min \_\_\_\_\_ M.

4. Sex **Female** 5. Color or race **white**

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

6. (b) Name of husband or wife **Wesley E. Jones** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **May 17, 1868**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2/15** 19**48** to **2/15** 19**48**  
that I last saw him **or** her alive on **April 15** 19**48**  
and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **9** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Flu**

Due to **card**

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

Due to **Perforated**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **Housewife**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **23B**

11. Industry or business \_\_\_\_\_

12. Name **W.P. Orender**

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

14. Maiden name **Mary Elizabeth Randall**

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

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

(b) Address **mtu Grove**

17. (a) **Burial** (b) Date thereof **2/24/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Thomas Cemetery**

18. (a) Signature of funeral director **Amuel Baxter**

(b) Address **mtu Grove Mo.**

19. (a) **2-21-48** (b) **A. G. Jones**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause of 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? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **L. H. Lang** (M. D. center) **2/19/48**

Address **Yorwood, Mo.** Date signed **1948**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 248-263

Date Filed FEB 25 1948

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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

*Russell Barber*

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, Ind.

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.