No. 300
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5-17-39
P I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 23 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37106

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 2001 North Flordia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 2001 North Flordia Avenue 5
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Charlie Marion JONES

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male ♂

5. Color or race: W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: December (Month) 23rd. (Day) 1869 (Year)

8. AGE: Years 78 Months 10 Days 12 If less than one day: hr. min.

9. Birthplace: Knoxville (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation: Retired Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Unknown 9

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown 11

15. Birthplace: Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant: Mrs Beulah Foster

(b) Address: 2001 North Flordia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov.8,1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Ozark Memorial Park

18. (a) Signature of funeral director: Thornhill-Dillon

(b) Address: 305 West 4th St. Joplin, Mo.

19. (a) 11-8-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th. year 1948 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1-1948, 19.. to Nov 5th, 1948, that I last saw him alive on Nov 5, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to: Cerebral Embolism 1 mo

Due to: Chronic Valvular Heart Disease Unknown

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

Major findings:
Of operations:
Of autopsy: 92 D

PHYSICIAN — Underline the cause to 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: Jay E. Hunter M.D. (M. D. or other)

Address: 708 Schools Bldg Joplin Mo Date signed: Nov 8-48

138-0

(Licensed Embalmer's Statement on Reverse Side)

48-11-8982

NOV 9 1976

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 Erling M. Dungy

Licensed Embalmer No. 35861

P. O. Address Joplin 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.