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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 6 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39237

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 375

105

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: Grim-Smith Memorial Hosp't (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Sullivan

(c) City or town: Milan Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Polk. Twp. (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Hiram Willard Jones

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: M

5. Color or race: W

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

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

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

7. Birth date of deceased: 3 (Month) 18 (Day) 69 (Year)

8. AGE: Years 79 Months 8 Days 25 If less than one day: hr. min.

9. Birthplace: Pleasant Co (City, town, or county) W. Va (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER

12. Name: Hiram Jones

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

MOTHER

14. Maiden name: Eliza Cox

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

16. (a) Informant: Fritz Tucker

(b) Address: Milan - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Zion - Coram Mo

18. (a) Signature of funeral director: Schoenes

(b) Address: Milan Mo by Dwight Schoenes

19. (a) 12-28-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 1948 hour 1 minute 5 a M.

21. I hereby certify that I attended the deceased from Nov. 22, 1948, to Dec. 13, 1948; that I last saw him alive on Dec. 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	10 days
Due to: Hypertension	Sev. Yrs.
Due to: Arterosclerosis	Sev. Yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Of autopsy: 83 a

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) 0

While at work? (e) Means of injury:

23. Signature: George E. Grim (M. D. or other) MD

Address: Kirksville, Mo Date signed 12/22/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-49-12
Date Filed JAN 4 - 1949

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 D. Morris Cleeton, Registered Apprentice No. 238, working under my personal supervision.

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan - Ill.

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.