DEC'D MAR 24 1938

Dr Arthur Knabb

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6767
Do not use this space.

1. PLACE OF DEATH
(a) County Greene — Registration District No. 316
(b) Township — Primary Registration District No. 2001 — Registered No. 126
(c) City Springfield Mo. — (d) Street No. Burge Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chas. Jones 52.0
(a) Residence, No. 308 W. Pine St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Daisy Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 1905

7. AGE: ✓ — YEARS: 32 — MONTHS: 3 — DAYS: 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Anderson & Parks Tobacco Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Stockton Missouri

FATHER
13. NAME W. P. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Lana Brook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Mrs. Daisy Jones Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE East Lawn DATE Feb. 12 1938

19. FUNERAL DIRECTOR (ADDRESS) Alma Schmeyer Springfield Mo.

20. FILED Feb 12 1938 Chas A. George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1938, to Feb. 9, 1938
I last saw him alive on Feb. 9, 1938 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-5-37
Other contributory causes of importance:	
Influenza	2/1/38

Name of operation — Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur D Knabb M. D.
(Address) 450 1/2 E. Court St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUM-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Alma Lahmeyer, Licensed Embalmer No. 2790

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)