REC'D JUL 20 1938

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

21860
Do not use this space.

1. PLACE OF DEATH
(a) County Greene — Registration District No. 318
(b) Township — Primary Registration District No. 2001 — Registered No. 481
(c) City Springfield — (d) Street No. St Johns 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 Infant Daughter of Mr and Elmer C. Jones 520
(a) Residence, No. 712 S Nettleton Ave 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Baby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14 1938
7. AGE: ✓ YEARS 0 MONTHS 0 DAYS 0 — If LESS than 1 day, 4 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Springfield Mo 0

FATHER
13. NAME: Elmer C. Jones 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Talent Oregon 1

MOTHER
15. MAIDEN NAME: Bertha Hood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kiowa Kansas

17. INFORMANT (ADDRESS): Elmer C Jones 712 S. Nettleton.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE June 14, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fred C. Thieme Springfield Mo
20. FILED June 14, 1938 Chas A George MD
Local Registrar. 370

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1938, to 6-14-, 1938
I last saw her alive on 6-14-38, 19 Death is said to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

154

Other contributory causes of importance:
Congenital Atelectasis
Congenital cystic kidneys.

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? yes

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) Urban Bussiel, M. D.
(Address) Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, ...

Was not Embalmed, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Ralph Uhrene

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.