

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

2331  
Do not use this space.

REC'D FEB 15 1939

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 316  
 (b) Township SPRINGFIELD Primary Registration District No. 2001  
 (c) City SPRINGFIELD (d) Street No. 211 E. Court Registered No. 67  
 (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.  
 5 2 4 Mary Elizabeth Jones  
 2. PRINT-FULL NAME 211 E. Court St.  (If nonresident, give city or town and State)  
 (a) Residence, No. 211 E. Court 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) Widow  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 2 22  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home  
 9. Industry or business in which work was done, as saw mill, bank, etc. In home  
 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) Dallas Co. Mo.  
 13. NAME James Hurd  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Sarah Highfill  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Mrs. A. E. Attakes Springfield, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE Jan 22 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Hines & Co. Springfield, Mo.  
 20. FILED Jan 22 1939 Charles A. Georgetown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-1939  
 22. I HEREBY CERTIFY, That I attended deceased from 1-15-1939, to 1-19-1939  
 I last saw her alive on 1-19-1939, 1939. Death is said to have occurred on the date stated above, at 10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrh.  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Senility  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Obit 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 None  
 Nature of injury None  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Hines M. D.  
 (Address) Springfield, Mo.

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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.....

*J. B. K. ...*

Licensed Embalmer No. 3358

P. O. Address.....

**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, above space should be left blank.**