

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

22186
 Do not use this space.

JUL 11 1939

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township N. CAMPBELL Primary Registration District No. 5439
 (c) City SPRINGFIELD (d) Street No. R # 1 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.

Registered No. 509

2. PRINT FULL NAME

ETHEL F. JONES
 (a) Residence, No. Springfield Mo RFD # 1 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Ed Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1892
 7. AGE YEARS 46 MONTHS 7 DAYS 15 IF LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Mo
 13. NAME Alfred Salley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Mary Lula Duncan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT (ADDRESS) Ed Jones R. F. D. Springfield, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE June 23, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. King Green Mo Springfield Mo
 20. FILE June 27, 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1939
 22. I HEREBY CERTIFY That I attended deceased from June 6, 1939, to June 21, 1939
 I last saw her alive on June 20, 1939 Death is said to have occurred on the date stated above, at 5:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Ch. Cardiovascular renal disease
Carcinoma of uterus & adnexa
 Other contributory causes of importance:
clinical
 Name of operation clinical 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?
 If so, specify
 (Signed) Arthur W. Kraft M. D.
 (Address) Springfield Mo

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.

RECORD THIS IS A PERMANENT RECORD

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.....

Licensed Embalmer No.....

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.

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