

JAN 10 1941

State File No.

Registrar's No.

Registration District No. 316

Primary Registration District No. 2001

965

39
3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

GREENE

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
613- Washington Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 1- month 7 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Springfield
(If outside city or town limit, write "RURAL")
(d) Street No. 613- Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

FORESTINE ANN JONES

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife Inf 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Oct 30 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Springfield Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Inf

11. Industry or business

MOTHER FATHER { 12. Name Wm H. Jones
13. Birthplace Chattanooga Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Lena Brown
15. Birthplace Springfield Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Jones
(b) Address 613 Washington Ave

17. (a) Burial (b) Date thereof 12-3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Memorial

18. (a) Signature of funeral director H. H. Smith
(b) Address 712-28 Jefferson

19. (a) 12-3-40 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 1
1940, to Dec 1 1940
that I last saw her alive on Dec 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera infantum acute Diarrhea
Duration 1 day

Due to Improper feedings
Due to

Other conditions (Include pregnancy within 3 months of death) 119 W

Major findings: Of operations
Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature W. E. Handley MD (M. D. or other)
Address 1020 Sherman Date signed 12/2/40
Springfield, Mo

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.