

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42559

JAN 10 1941

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 1035

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

1. PLACE OF DEATH
 (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 518 Cozy
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 3 YRS. _____ (Specify whether
 years, months or days) _____)

3. (a) PRINT FULL NAME Frances Ella Jones
 3. (b) If veteran, name war no (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced WIDOW
 6. (b) Name of husband or wife LOUIS JONES 6. (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased Oct 15 1862
 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James O'Quinn
 13. Birthplace Unknown Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Frances Vernon
 15. Birthplace Laclede Co. Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant O. A. Fayant
 (b) Address Lebanon Mo

17. (a) BURIAL (b) Date thereof 12-29-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON, MO

18. (a) Signature of funeral director PALMER'S
 (b) Address LEBANON MO

19. (a) 12-29-40 (b) W. E. Handley MD
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County GREENE
 (c) City or town SPRINGFIELD
 (If outside city or town limits, write "RURAL")
 (d) Street No. 518 Cozy
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
 year 1940 hour 9:40 minute _____ M.
 21. I hereby certify that I attended the deceased from Nov 15
 _____, 1940, to Dec 26, 1940,
 that I last saw h 4 alive on Dec 26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency
 Due to Arterio Sclerosis
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

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? _____

23. Signature W. E. Handley MD (M. D. or other) _____
 Address Springfield Mo Date signed Dec 29 1940

Duration _____
 Underline the cause to which death should be charged statistically.

JAN 22 1948
FEB 20 1948

FEB 2 - 1948

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.....

W. A. Palmer

Licensed Embalmer No. *1161*

P. O. Address.....

Stanton Mo.

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, fact should be so stated above.