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(23199)

FILED FEB 14 1941

State File No. _____

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 83

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: 536 W. Central 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 29
(c) City or town Everton (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME THOMAS WILLIAM JONES

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis Jones 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased May 10 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Pilgram D. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Section Foreman

11. Industry or business Missouri Railroad

MOTHER FATHER { 12. Name James A. Jones
13. Birthplace Frankfort Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name do not know
15. Birthplace do not know, Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Avery

(b) Address 536 W. Central Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove, Mo

18. (a) Signature of funeral director H. C. Williams

(b) Address Springfield, Mo

19. (a) 2-3-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st
year 1941 hour 6:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 29, 1941, to Jan 31st, 1941;
that I last saw him alive on Jan 29, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 4 days.

Due to _____

Due to Senility 12/18
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations None

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? at work
(Specify type of place) (e) Means of injury _____

Signature Walter Wallemann (M. D. or other) D
Address Springfield, Mo Date signed 2-1-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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, fact should be so stated above.