No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 14569

Registrar's No. 343

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: 2009 N. Nettleton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2009 N. Nettleton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Glen Dallas Jones
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Sept. (Month) 6 (Day) 1917 (Year)

8. AGE: Years	Months	Days	If less than one day
23	7	15	hr. min.

9. Birthplace Fordland (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Assistant Bacteriologist
11. Industry or business City Health Dept
MOTHER FATHER
12. Name R. D. Jones
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
14. Maiden name Ines Nash
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. R. D. Jones
(b) Address 2009 N. Nettleton Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/41 (Month) (Day) (Year)
(c) Place: burial or cremation Fordland (Cem)
18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut,
19. (a) 4-23-41 (Date received local registrar) (b) W. E. Hardley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1941 hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from April 21, 1941, to April 21, 1941; that I last saw h. alive on April 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Respiratory Paralysis
Due to Nembutal Poisoning
Due to Ingestion Excessive Amount of Nembutal (Abbott) (Fatal Dose)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

Duration

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) Suicide
(b) Date of injury April 21, 1941
(c) Where did injury occur? Springfield Greene Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work No (e) Means of injury Nembutal
23. Signature J. Newton Wakeman (M. D. or other)
Address Springfield, Mo Date signed 4-23-41

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1949

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 Floyd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W. Walnut

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above. X