No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14597

Registration District No. ~~315~~ 320 Primary Registration District No. 5443 Registrar's No.

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town ~~Springfield~~ Bois D'Arc Ter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 50 yrs, 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Mo (b) County GREENE
(c) City or town Bois D'Arc Center Tp 0
(If outside city or town limits write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WEE VONEY JONES

3. (b) If veteran, name war ✓

3. (c) Social Security No. 1477875 1477875

4. Sex FEM

5. Color or race WH

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife EJ E.J. JONES

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased (Month) 2 (Day) 15 (Year) 1875

8. AGE:	Years	Months	Days	If less than one day
	66	1	6	✓ hr. ✓ min.

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

10. Usual occupation Hw

11. Industry or business Hw

FATHER
12. Name William Edward Grey
13. Birthplace Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Millie Lester
15. Birthplace Va (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Millie Brower
(b) Address Bois D'Arc Mo

17. (a) Clear Creek Cem (Burial, ~~cremation, or removal~~) (b) Date thereof 3-22-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cem

18. (a) Signature of funeral director
(b) Address

19. (a) 3/22 1941 (Date received local registrar) (b) Lucy E. Hoyal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21st year 1941 hour 5 am minute — M.

21. I hereby certify that I attended the deceased from 3-21-41, 19__, to 3-21-, 1941; that I last saw her alive on 3-10-, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Sclerosis Arteries	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	

94 W

Major findings:
Of operations NONE
Of autopsy NONE

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? 291 (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature B. F. Windle (M. D. or other) MD
Address Bois D'Arc Mo Date signed 3/24/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 41-5-62
Date Filed 5-21-41

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.