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13-40
7-39
K23159

State File No. _____

FILED AUG 15 1944

Primary Registration District No. 2001

Registrar's No. 574

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:
770 South Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Frances Ann Jones

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J. K. Jones 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased October 4, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>10</u>	hr. _____ min.

9. Birthplace Newton County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business _____

MOTHER { 12. Name Jobie Key

13. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Beller

MOTHER { 15. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Vesta May Kirkham

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 7/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Western Grove, Arkansas

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 7-16-41 (b) W. E. Haudley M.D. Signature
(Date received local registrar) (Registrar's signature)

(c) Address Springfield, Mo Date signed _____
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 770 South Street
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1941 hour 12:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 10, 1941 to July 14, 1941
that I last saw her alive on July 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Endocarditis, chronic
Duration Probably 1 or 2 years

Due to Probably Rheumatism from history - of attack
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

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

Signature J. M. Brown (M. D. or other) D
Address Springfield, Mo Date signed _____

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

Harlow Knabb

Licensed Embalmer No. *H 065*

P. O. Address *Springfield, Pa.*

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

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