

Registration District No. 2001

Primary Registration District No. 2001

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: 855 Concord
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 855 Concord
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JAMES JORY

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. Mae Jory 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased April 21 1870 (Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Carpenter (Retired)

11. Industry or business Springfield, Mo.

MOTHER FATHER
12. Name Unknown Unknown
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mae Mae Jory
(b) Address 855 Concord Springfield Mo
17. (a) Burial (b) Date thereof July 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Wagonwood

18. (a) Signature of funeral director Chicago
(b) Address Springfield, Mo.
19. (a) 7-25-41 (b) W. E. Handley MD (Registrar's signature) (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from June 26 1941 to July 24 1941
that I last saw him alive on July 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chf. Myocarditis
Due to 93d

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

Major findings: Of operations none
Of autopsy none

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) (e) Means of injury _____
Signature Advane (M. D. or other) Adv
Date signed 7/25/41

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

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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 *R. H. Christman*

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.