No. 2
4-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 7 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41907

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 989

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1042 E. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 28 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 21
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1042 E. Grand 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Horace Boyd Jones
3. (b) If veteran, name war World War
3. (c) Social Security No. 494-10-7933
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jones
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Oct. (Month) 25 (Day) 1892 (Year)
8. AGE: Years 49 | Months 1 | Days 25 | If less than one day ____ hr. ____ min.
9. Birthplace Beaumont (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Salesman
11. Industry or business American Thread Co.
MOTHER FATHER
12. Name DeWitt C. Jones
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Florence Getter
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs. Mary Jones
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 12-23-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1941 hour 11 minute p. M.
21. I hereby certify that I attended the deceased from 6/29, 1941, to 12/20, 1941 that I last saw him alive on 12/20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Descending Colon primary — Duration: About 6 mo.
Due to: —
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)

Major findings: Operated at Mayo Clinic
Of operations: Inoperable Carcinoma of Descending
Of autopsy: —

PHYSICIAN — Underline the cause 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M.D. or other)
Address 2nd Nat'l Bk Bldg Springfield Date signed 12/22/41

984 (Licensed Embalmer's Statement on Reverse Side)

MAR 31 1942

JAN 27 1942

JAN 3 1942

MAR 2 1942

10 194

JUL 29 1947

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 L Dearing Gorman

Licensed Embalmer No. 3177

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.