

FILED APR 15 1942
Registration District No. 3042

Primary Registration District No. 2001

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

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: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Avery (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.? 1 years.

8. (a) PRINT FULL NAME Jones, Mr John

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

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased June 30 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Not known

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

14. Maiden name Unknown

15. Birthplace Not known Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ma J. Herman Jones (Sis)

(b) Address Sampl Texas Bul 631

17. (a) Burial (b) Date thereof 3-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director Robert Glynn

(b) Address Springfield Mo
(c) Date received local registrar 3-28-42 (d) Registry's signature R. H. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1942 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from March 23 1942 to March 28 1942 that I last saw him alive on March 28 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis acute of General
Due to Diverticulitis of sigmoid
Due to with abscess

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

Major findings: Of operations: 123

Of autopsy _____

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 _____

23. Signature Robert Glynn (M. D. or other) MD
Address Springfield Date signed 3/28/42

Duration
3/21/42
3/25/42
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

J.P. Lucey

Licensed Embalmer No

987

P. O. Address

Whitland Md

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.

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