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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1942

Registration District No. 378

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 10794

Registrar's No. 164

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: 609 S. Fremont Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 75 years 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. 609 S. Fremont Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: JOHN THOMAS JONES
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: Widowed
6. (b) Name of husband or wife: Emma ~~Geister~~ Jones
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: February (Month) 29 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
86	0	2	hr. min.

9. Birthplace: Odessa, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Merchant
11. Industry or business: Grocery Store

MOTHER FATHER
12. Name: William F. Jones
13. Birthplace: Odessa M (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Rebecca Campbell
15. Birthplace: No record (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. Blanche Geister
(b) Address: 609 S. Fremont Spfd., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood Cemetery
18. (a) Signature of funeral director: Thieme
(b) Address: Springfield, Mo.
19. (a) 3-3-42 (Date received local registrar) (b) O. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day Ist. year 1942 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from Feb 1939, 19..., to March 1, 1942, that I last saw him alive on March 1, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, Chr.	1 yr
Due to: Senility, age 86	
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

93d

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

23. Signature: Dr. H. Siloy M.D. (M. D. or other)
Address: Springfield, Mo. Date signed 3/2/42

(Licensed Embalmer's Statement on Reverse Side)

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 Fred C. Thieme

Licensed Embalmer No. 2899

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.