No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21201

Registration District No. 318 — Primary Registration District No. 5439 — Registrar's No. 453

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: ~~Springfield~~ Rural N. Campbell
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Rt IO ~~City~~ /
(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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: ~~Springfield~~ Rural N. Campbell
(If outside city or town limits, write "RURAL")
Rt IO ~~City~~
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: "Ruby Gean Jones"
3. (b) If veteran, name war: No
3. (c) Social Security No. No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: Single years
7. Birth date of deceased: June (Month) 18 (Day) 1942 (Year)

8. AGE: Years ✓ 0 — Months 0 — Days 0 — If less than one day: 13 hr. 0 min.

9. Birthplace: Springfield (City, town, or county) MO (State or foreign country) 0
10. Usual occupation: None
11. Industry or business: None

FATHER
12. Name: Clyde Jones
13. Birthplace: Strafford (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name: Ruby Mae Buckner
15. Birthplace: Cherry Vale (City, town, or county) Kans (State or foreign country) /

16. (a) Informant: Mrs S J Brown
(b) Address: Rt. IO ~~City~~
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June (Month) 21 (Day) 42 (Year)
(c) Place: burial or cremation: Liberty Cemetery
18. (a) Signature of funeral director: Dunn Funeral Home
(b) Address: Springfield Mo
19. (a) 6/20/42 (Date received local registrar) (b) [illegible] Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 42 hour 11.20 minute p M.
21. I hereby certify that I attended the deceased from 6-18-, 1942 to 6-18-, 1942 that I last saw h..... alive on ....., 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Birth — Duration
Due to: .....
Due to: .....
Other conditions (Include pregnancy within 3 months of death): 159
Major findings:
Of operations: .....
Of autopsy: .....

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) (e) Means of injury: .....
23. Signature: W. Kelly M.D. (M. D. or other)
Address: Springfield Mo Date signed 6-20-42

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Springfield, M

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

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