

FILED AUG 14 1942
Registration District No. 318

Primary Registration District No. 2001

39
2
6
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:
1201 N. Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 81 years
years, months or days)

3. (a) PRINT FULL NAME ELIZA JANE JONES

3. (b) If veteran, name was None 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased August 10 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name no record 9
13. Birthplace no record no record
(City, town, or county) (State or foreign country)
14. Maiden name no record
15. Birthplace no record no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sasby
(b) Address 1201 N. Park Spfd., Mo.

17. (a) burial (b) Date thereof 7/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood
F.C. Thieme

18. (a) Signature of funeral director _____
(b) Address Springfield, Mo.

19. (a) July 3, 1942 (b) F. W. Sasby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1201 N. Park
(If rural, give location) 6
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

ELIZA JONES MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 3d
year 1942 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from 6-20-42
19____ to 7-3-42 19____

that I last saw her alive on 6-29-42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Embolic
9 lungs Duration 12 hrs.

Due to _____

Due to Calculation of Phlebitis Legs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 1110
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

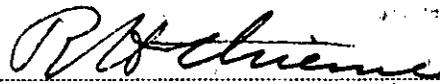
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Jos. A. Stall (M. D. or other) _____
Address Springfield, Mo. Date signed 7-3-42

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.....



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.