

FILED SEP 18 1942  
Registration District No. 124

Primary Registration District No. 5459

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Willard R. 2 Rural  
(c) Name of hospital or institution 3rd Center township 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Willard, Mo. R. 2  
(d) Street No. 3rd Center township  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

HARRY JONES

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Martha Manning

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased. November-6-1857  
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 13 If less than one day hr. min.

9. Birthplace England (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business General farming

12. Name Richard Jones

13. Birthplace Shrewsbury England (City, town, or county) (State of foreign country)

14. Maiden name unknown

15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harry Jones

(b) Address Willard Mo R. 2

17. (a) Burial (b) Date thereof May 21-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant cemetery

18. (a) Signature of funeral director Sever & Bond

(b) Address Walnut Grove Mo.

19. (a) May 21-1942 (b) Jewell Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1942 hour 5 minut 25 M.

21. I hereby certify that I attended the deceased from 11-1-42 1942 to 5-19- 1942

that I last saw him alive on 5-16- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Refluxitis  
Esoph

Duration (3)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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 R. F. Willis (M. D. or other) MD  
Address Boia care Date signed 5/20/42

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

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 42-9-80

Date Filed 9/12/42

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 JW Birch  
Licensed Embalmer No. 3856  
P. O. Address Oak Grove 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.**