

Registration District No. 126 Primary Registration District No. 5462

Registrar's No.

39
00
NOTE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: GREENE

(a) County GREENE

(b) City or town Route 10th Franklin Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Springfield, Mo.
(If list in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Route No. 10
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clifford Elmer Jones

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1942 hour Between 8-11 minute A. M.

4. Sex Mae 5. Color or race W. 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased Sept. 12 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 3 2 _____ hr. _____ min.

Immediate cause of death:
Probably acute laryngo-tracheo-bronchitis.
Due to Streptococci infection (Unattended by physician)
Due to _____

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

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation Child

Major findings: Of operations _____
Of autopsy _____

106c

11. Industry or business Child

MOTHER FATHER { 12. Name Clyde Jones

{ 13. Birthplace Strafford Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Virginia Dodson

{ 15. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Clyde Jones

(b) Address 1203 E. Thomas

17. (a) Burial (b) Date thereof 12/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

(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? _____

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 629 W. Walnut Springfield, Mo

19. (a) 12-17-42 (b) Elmer Adams
(Date received local registrar) (Registrar's signature)

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

23. Signature W.E. Handley Local Registrar
(M. D. or other) _____

Address Springfield Mo Date signed 12/15

RECEIVED

Greene County Health Office,

County File Number 43-1-7

Date Filed 1-5-43

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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Frank Grable Jr.*

Licensed Embalmer No. *4140*

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: