

MAY 10 1948

128

Registration District No. _____

Primary Registration District No. 2000

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

FILED
39
2
6

1. PLACE OF DEATH: GREENE

(a) County: GREENE

(b) City or town: Springfield

(c) Name of hospital or institution: Burge Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days

In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State: Missouri (b) County: Greene 2

(c) City or town: Springfield, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1751 E. Grand
(If rural, give location)

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

3. (a) PRINT FULL NAME: Herbert C. Jones

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: Unknown

4. Sex: Male
5. Color or race: white

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

6. (b) Name of husband or wife: Single

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

7. Birth date of deceased: November 11, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	✓ 53	5	15	hr. _____ min.

9. Birthplace: Dade Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Ice Cream Dealer

11. Industry or business: _____

MOTHER FATHER

12. Name: George Jones

13. Birthplace: Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Sarah Randall

15. Birthplace: Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Sarah Dewar

(b) Address: Springfield, Missouri

17. (a) Burial (b) Date thereof: April 27, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hazelwood Cemetery

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home

(b) Address: Springfield, Missouri

19. (a) 4-27-43 (b) W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 26th
year: 1943 hour: 5 minute: A. M.

21. I hereby certify that I attended the deceased from 10, 27, 42 19 to 4, 26, 43 19
that I last saw him alive on 4, 25, 43 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer, Stomach
Duration: 2 yrs

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: _____

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: J. Armuch (M. D. or other)
Address: Springfield, Mo. Date signed: 4, 26, 43

PHYSICIAN
Underline the cause to which death should be charged statistically.

Hbf

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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. 1767

P. O. Address Springfield

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.