

Registration District No. 128

Primary Registration District No. 5466

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield S. Campbell Ave.  
(c) Name of hospital or institution:  
Route # 7 / Home (2600 W. Olive)  
(d) Length of stay: In hospital or institution. 1 year  
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Rural Springfield S. Campbell Ave.  
(d) Street No. (2600 W Olive) Route # 7  
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME JERRY WAYNE JONES

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

4. Sex Male 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. June 30 1943

8. AGE: Years 1 Months 19 Days hr. min.

9. Birthplace Republic Mo

10. Usual occupation Infant

11. Industry or business  
12. Name Louis Jones  
13. Birthplace Republic Missouri  
14. Maiden name Ola Herndon  
15. Birthplace Springfield Missouri

16. (a) Informant Louis Jones  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 8-21-43  
(c) Place: burial or cremation Republican Mo.

18. (a) Signature of funeral director W. H. Handley  
(b) Address Springfield, Mo.

19. (a) 8-20-43 (b) W. H. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 th  
year 1943 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased from 8-19-43 to 8-19-43  
that I last saw him alive on 8-19-43  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute infectious enteritis 10d.

Due to Acute infectious enteritis 10d.  
Due to Acute infectious enteritis 10d.  
Other conditions Anhydremia intracranial  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 119a!  
Of autopsy 119a!

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?  
(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. H. Handley (M. D. or other)  
Address Springfield Mo. Date signed 8-20-43

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

MOTHER FATHER

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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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

X