

No. 2
-13-40
-17-39
X 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38235

FILED NOV 24 1943

State File No. _____

Registration District No. 138

Primary Registration District No. 2000

Registrar's No. 905

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 2022 Pierce
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Years
(Specify whether years, months or days)

In this community 4 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 2022 Pierce
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Eliza Jane Jones

3. (b) If veteran, name war None

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th
year 1943 hour 10 minute -- P.M.

4. Sex F M

5. Color or face White

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

6. (b) Name of husband or wife W.D. Jones

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan. 1 st. 1865.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-27, 1943, to 11-4, 1943
that I last saw alive on 11-30, 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>10</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Alc.

Due to _____

Due to _____

9. Birthplace Dallas County, Mo.
(City, town, or county) (State or foreign country)

Other conditions Seriously
(Include pregnancy within 3 months of death)

10. Usual occupation House wife

11. Industry or business None

12. Name Pleas C. Dame

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

14. Maiden name Nancy J. Mc. Clung
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Millie Scrivener

(b) Address 1923 N. Ramsey

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? _____

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 11, 7, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

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

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

(b) Address Springfield, Mo.

19. (a) 11-6-43
(Date received local registrar)

(b) H. W. Handley
(Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address Springfield, Mo. Date signed 11-5-43

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

9
2
6

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed

Charles H. McCallister

Licensed Embalmer No.....

2891

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.