

FILED JUN 22 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 475

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:  
2412 East Ave.  
(If not in hospital or institution, write street number or location) 1  
(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 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 2412 East Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Howell McCulley Jones

3. (b) If veteran, name war No

3. (c) Social Security No. unk.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ruby I. Jones

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March  
(Month)

29  
(Day) 1883  
(Year)

8. AGE: Years 61 Months 2 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Johnson Co. Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Hoisting Engineer

11. Industry or business Frisco R.R.

12. Name Thomas Jordon Jones

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

14. Maiden name Caroline McCulley

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

16. (a) Informant Ruby I Jones

(b) Address 2412 East Ave., Spfld., Mo

17. (a) Burial (b) Date thereof 6-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield Missouri

19. (a) 6-6-44 (b) W. Handy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1944 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 19 to June 4  
that I last saw him alive on May 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Nephrosis Duration 3-4 Mths

Due to Pulmonary Tuberculosis

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

Other conditions (Include pregnancy within 3 months of death) 2 fl

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Max Jett (M. D. or other) M.D.

Address Springfield Mo Date signed 6-5-44

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

39  
2  
6

MOTHER FATHER

v

42

JUL 27 1944

JUN 22 1944

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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.....

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.**