

No. 2
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5-17-39

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Vinyard
State File No. 30925

Registrar's No. 728

Primary Registration District No. 2,000

1. PLACE OF DEATH:

(a) County GREENE
Springfield

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
923 N. Douglas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 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. 923 N. Douglas
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sarah A. Jones

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1944 hour 12 minute 15 a.m.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Oscar W. Jones

7. Birth date of deceased Dec. 5 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1934 to Sept 6 1944
that I last saw her alive on Sept 6 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 9 Days 1
If less than one day hr. min.

Immediate cause of death apoplexy

Due to Hypertension

Duration 2 days

10 yr.

9. Birthplace Griggsville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

11. Industry or business

MOTHER FATHER { 12. Name James Shinn

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

14. Maiden name Catherine Glenn

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

PHYSICIAN J Zal

Underline the cause to which death should be charged statistically.

16. (a) Informant Catherine Jones

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 9-8-44 (b) W.S. Handley
(Date received local registrar) (Registrar's signature)

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 Robert Vinyard (M. D. or other) MD
Address Springfield Mo Date signed 9-7-44

(Licensed Embalmer's Statement on Reverse Side)

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

DEC. 4 1944

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 *Paul J. [Signature]*

Licensed Embalmer No. *2457*

P. O. Address *[Signature]*

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.