

FILED MAR 14 1945

Primary Registration District No. 5465

Registrar's No. 137

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Nichols Junction**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Campbell Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **9 Months**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Nichols Junction**
(If outside city or town limits, write "RURAL")
(d) Street No. **North Campbell Township**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Herschel Leslie Jones**

3. (b) If veteran, name war **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 **April 26, 1944**
(Month) (Day) (Year)

8. AGE: Years **0** Months **9** Days **22** If less than one day
hr. _____ min. _____

9. Birthplace **Taney County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

12. Name **Lee Jones**

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

14. Maiden name **Virginia Thomas**

15. Birthplace **Dawson Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lee Jones**

(b) Address **Nichols Junction, Mo.**

17. (a) **Burial** (b) Date thereof **2/20/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brick Church**

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

(b) Address **Springfield, Mo.**

19. (a) **2-30-45** (b) **H. H. Lohmeyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **18**
year **1945** hour **6:00** minute **p.** M.

21. I hereby certify that I attended the deceased from **2, 15, 1945** to **2, 18, 1945**;
that I last saw him alive on **2, 18, 1945**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**

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)
(c) Means of injury _____

23. Signature **Dr. Musick** (M. D. or other) _____
Address **Springfield, Mo.** Date signed **2-19-45**

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

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.

This body not embalmed.
X