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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 30 1945
Registration District No. **128**

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **214**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **SPRINGFIELD**
(c) Name of hospital or institution: **731 LOREN**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** County **Greene**
(c) City or town **Springfield**
(d) Street No. **731 Loren**
(If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country.....

3. (a) PRINT FULL NAME **ROBERT LEE JONES**
3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **UNK.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **13**
year **1945** hour **11** minute **40 A.** M.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, married, divorced, **MARRIED**
6. (b) Name of husband or wife **PRUDENCE JONES**
6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **July 31, 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov 2**
1945 to **March 13, 1945**
that I last saw him alive on **March 13, 1945**
and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **7** Days **12**
If less than one day hr. min.

Immediate cause of death **Carcinoma Primary in Liver as well as bladder**
Due to.....
Due to.....

9. Birthplace **marshfield Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired Salesman**

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations **467**
Of autopsy.....

MOTHER FATHER
11. Industry or business.....
12. Name **William Jones**
13. Birthplace **UNK. unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Prudence Butts**
15. Birthplace **UNK. unknown**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Ed Jones**
(b) Address **731 Loren Springfield, Mo.**
Bureau
17. (a) (Burial, cremation, or removal) **Burial**
(b) Date thereof **3/15/45**
(Month) (Day) (Year)
(c) Place: burial or cremation **Haselwood Cem. 200 Klugner & Co.**
18. (a) Signature of funeral director **W. Klugner**
(b) Address **Springfield, Mo.**
19. (a) **3-14-45** (b) **W. Klugner**
(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 **W. Klugner** (M. D. or other)
Address **Springfield Mo.** Date signed **Mar 14/45**

789

W

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.....

May F. Hodis

Licensed Embalmer No.....

4074

P. O. Address.....

Springfield

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