

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12842

FILED APR 24 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No.

298

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: 967 N. Prospect
(If not in hospital or institution, write street number or location)
(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
(d) Street No. 967 N. Prospect 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Cora B. Jones

(b) If veteran, name war No

(c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband Lewis Jones 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Jan. 5, 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Melborne Ark. ARK. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Asa Bishop

13. Birthplace Ark. Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name K. Thompson
15. Birthplace Ark. Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Jones
(b) Address 967 N. Prospect, Spfld. Mo

17. (a) Burial (b) Date thereof 4-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greene Lawn

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

(b) Address Springfield, Mo.

19. (a) 4-6-46 (b) W. H. Hurdley
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1946 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan. 5
1945 to 4-2 1946

that I last saw her alive on 3/12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death had Carcinoma of face

Due to had been to basal skin + cancer in 28 hours

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 53

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
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) (b) Means of injury _____

23. Signature W. H. Hurdley (M. D. or other) MD
Address Springfield, Mo. Date signed 4/3/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

111

(Licensed Embalmer's Statement on Reverse Side)

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 *Max Rhodes*.....

Licensed Embalmer No. *4071*.....

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.