

S. No. 2
M-8-43
7. 5-17-39
X37823

Dr. Campbell
State File No. 16377

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1946
Registration District No. 128

Primary Registration District No. 5460

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
Route # 2 Ozark, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 76 Years
(Specify whether years, months or days)

In this community 76 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Jones

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (b) Name of husband or wife Oma Jones 6. (c) Age of husband or wife if alive 1870 years

7. Birth date of deceased March 10 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 7 If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Jones

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

14. Maiden name Zaney Bryant

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

16. (a) Informant Leonard Jones

(b) Address Route # 2 Ozark, Mo.

17. (a) Burial (b) Date thereof 4/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address Springfield, Mo.

19. (a) April 19-46 (b) Mrs. Frank Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural Clay Township
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 2 Ozark
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1946 hour 2 minute 30 p. M.

21. I hereby certify that I attended the deceased from 1944 19 April 17 19 46
that I last saw him alive on March 30 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary heart failure Duration 2 hrs.

Due to: Chronic myocarditis 4 yrs

Other conditions: _____
(Include pregnancy within 3 months of death)

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Malvin Campbell (M. D. or other) MD
Address Springfield Mo. Date signed 4-18-46

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.....
Walter E. Hamilton

Licensed Embalmer No..... 3808

P. O. Address..... Springfield, Mo.

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.