

S. No. 2
M-5-43
v. 5-17-39
I X38671

30012

DEPARTMENT OF COMMERCE . . . THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1945

State File No. _____
Registrar's No. 400A

Registration District No. _____ 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:
2021 N. Nettleton Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community **unknown** _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Arkansas** (b) County **Newton 994**
(c) City or town **Marble Falls 3**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mattie Jones**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **14**
year **1945** hour **unknown** minute **unk.** M.
21. I hereby certify that I attended the deceased from
Apr. 4, 19**45**, to **May 14**, 19**45**.
that I last saw her alive on **May 14**, 19**45**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Marshall Jones**
6. (c) Age of husband or wife if alive **Unk.** years
7. Birth date of deceased **July 8, 1873**
(Month) (Day) (Year)

Immediate cause of death
Cancer of rt. kidney c metastasis in bones of the pelvis
Duration _____

8. AGE: Years Months Days If less than one day
71 10 6 hr. min.

Due to _____
Due to _____
Other conditions **Gall stones**
(Include pregnancy within 3 months of death)

9. Birthplace **Newton Co. Arkansas**
(City, town, or county) (State or foreign country)

Major findings: **Gall stones--cancer kidney**
1 Of operations _____
Of autopsy **None**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Elam Atchley**

13. Birthplace **Newton Co. Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Adair**

15. Birthplace **Unk. Arkansas**
(City, town, or county) (State or foreign country)

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

(b) Address **Marble Falls, Arkansas**

17. (a) **Burial** (b) Date thereof **May 16, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maplewood Cem., Harrison, Arkansas**

18. (a) Signature of funeral director **A. C. Christison**
Harrison, Ark.

(b) Address _____

19. (a) **6-8-45** (b) **B. W. Handy**
(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 **H. House** (M. D. or other) **M. D.**

Address **Spfld., Mo.** Date signed **6/4/45**

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.