No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. E.L. Evans

State File No. 36666

FILED NOV 31 1948

Registration District No. 1928

Primary Registration District No. 2000

Registrar's No. 895

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 439 W. Pine
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joe Jones

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Agnes Jones

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 6 (Day) 1866 (Year)

8. AGE: Years 80 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Lister (City, town, or county) England (State or foreign country) 11

10. Usual occupation Painter

11. Industry or business Savage Paint Co.

FATHER
12. Name Joseph Jones 11
13. Birthplace Unknown (City, town, or county) England (State or foreign country) 1

MOTHER
14. Maiden name Elizabeth Lewitt 11
15. Birthplace Unknown (City, town, or county) England (State or foreign country) 1

16. (a) Informant Mrs. Geo. Caldwell
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 11-10-46 (Date received local registrar) (b) W L Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1946 hour 3 minute 30p. M.

21. I hereby certify that I attended the deceased from Nov 5 1946 to Nov 8th 1946
that I last saw him alive on Nov 8th/46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to High blood pressure & chronic heart trouble

Due to

Other conditions Inflammation of gallbladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 95C

Duration

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. L. Evans (M. D. or other)

Address Springfield, Mo Date signed Nov. 11/46

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 Roy H. Mercer Jr.

Licensed Embalmer No. 4432

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.