

S. No. 2
 1-12-45
 7-5-17-39
 P-1 X47070

FILED JUN 13 1947

318

Primary Registration District No. _____

1003

State File No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Barnes Hospital
 (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
 (If outside city or town limits, write "RURAL")
 (d) Street No. 518 Cozy
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BELLE NANCY JONES

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased August 15 1884
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation Part Owner

11. Industry or business Bus Line

MOTHER FATHER { 12. Name John L. Jones

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

14. Maiden name Frances O'Quinn

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

16. (a) Informant Miss Metta Jones

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 6-2-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 31 1947 (b) J. F. Breseck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
 year 1947 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from May 17, 1947, 19____, to May 30, 1947, 19____;
 that I last saw her alive on May 30, 1947, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration _____

Due to Brain tumor, right and left front lobes, benign

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature F. R. Bradley (M. D. or other) _____

Address Barnes Hospital Date signed 5/30/47

JAN 26 1948

SEP 22 1947

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.....

Elmer N. Cadwell

Licensed Embalmer No. 4077

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.