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

FILED NOV 8 1948
Registration District No. **28**

Primary Registration District No. **2000**

Registrar's No. **954**

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:
1206 W. Webster Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 56 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Donald Sidman Jones

3. (b) If veteran, name war none

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased February 6, 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 26
If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name William Jones

{ 13. Birthplace Lathron, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Adelia Sidman

{ 15. Birthplace Mc Arthur, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adelia Jones

(b) Address 1206 W. Webster, Springfield, Mo.

17. (a) Burial (b) Date thereof 11/4/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. (a) 12-3-48 (b) W.E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **39**

(c) City or town Springfield **6**
(If outside city or town limits, write "RURAL")

(d) Street No. 1206 W. Webster Street **0**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1948 hour 11:45 P.M. minute — M.

21. I hereby certify that I attended the deceased from 10-4 1945 to 10-2-48 1948
that I last saw him alive on 11-2-48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to Life - most of

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no 1313

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(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) (e) Means of injury 0

While at work? no

23. Signature S.F. Furman (M. D. or other) **✓**

Address Springfield Mo Date signed 11-3-48

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.....*Fred C. Plume*.....
Licensed Embalmer No. 2899.....
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.