

No. 300
-10-47
-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32659
Registrar's No. 916

FILED NOV 8 1948
Registration District No. 128

Primary Registration District No. 5462

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural - Franklin Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt. 10, Box 307 - Springfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emanuel Jones
(b) If veteran, name war No
(c) Social Security No. Card is not sure, lost-if issue

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

6. (b) Name of husband or wife Julia Virginia Jones 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased January 1 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 21 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Virginia Jones

(b) Address Rt. 10, Box 307, Springfield, Mo.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-48
(Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) 10-28-40 (b) W. J. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural - Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 10 Box 307
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1948 hour 5 minute XX A. M.

21. I hereby certify that I attended the deceased from 8/20 1948, to 8/20 1948
that I last saw him alive on 8/20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration?
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 930
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 10/20

(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) Means of injury W

Signature W. J. Handley (M. D. or other) ML

Address Springfield Mo Date signed 10/29/48

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 H. L. Moore Cann

Licensed Embalmer No. 2727

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.