

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1949

State File No. **26626**  
Registrar's No. **802**

BIRTH NO.		REG. DIST. NO. <b>128</b>	PRIMARY REG. DIST. NO. <b>2000</b>	Registrar's No. <b>802</b>	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1031 N. Rogers</b>			d. STREET ADDRESS (If rural, give location) <b>1031 N. Rogers</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDITH</b>		b. (Middle) <b>ALCY</b>		c. (Last) <b>JAYNES</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 5 1949</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>July 27, 1878</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>		11. BIRTHPLACE (State or foreign country) <b>Christian Co. Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>John Smart</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Widow</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nannie Tummons</b> ADDRESS <b>Springfield, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure - approx 3 mo.</b> ANTECEDENT CAUSES <b>osteo-rheumatoid arthritis</b> DUE TO (b) _____ DUE TO (c) <b>acute avitaminosis + effects of severe malnutrition</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12-14 yrs.</b> <b>4 wks.</b> <b>725X</b>
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1946</b> , 19____, to <b>4 Sept</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>4 Sept</b> , 19 <b>49</b> , and that death occurred at <b>2:28p</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Harris E. Kinable M.D.</b> (Degree or title)			23b. ADDRESS <b>16302 Jefferson Springfield 2, Mo</b>		23c. DATE SIGNED <b>6 Sept 49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-7-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kerr Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Near Billings Mo.</b>					
DATE REC'D BY LOCAL REG. <b>9-6-49</b>		REGISTRAR'S SIGNATURE <b>H.S. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Klingner &amp; Co</b> ADDRESS <b>Springfield Mo</b>	

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

**34**  
**2**  
**26**

**39**

**W**

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Max Rhodes*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4071*

P. O. Address \_\_\_\_\_

*Springfield*

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.