MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 4 1938

25308
Do not use this space.

1. PLACE OF DEATH

(a) County Green — Registration District No. 318

(b) Township Campbell — Primary Registration District No. 2001 — Registered No. 533

(c) City Springfield, Mo — (d) Street No. 739 W Elm St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Francess Jones 528

(a) Residence, No. 739 W. Elm St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Summerfield Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 20, 1854

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
83	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Christian Co, Mo

FATHER

13. NAME: Matthew H. Kerr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Sarah Ann Ellis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bowling Green, Kentuckey

17. INFORMANT: Lee Jones
(ADDRESS): Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill Cem DATE July 8, 1938

19. FUNERAL DIRECTOR (NAME): A. S. Wallace
(ADDRESS): Billings, Mo

20. FILED July 7, 1938 Chas A George MD, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1938, to July 6, 1938
I last saw her alive on July 6, 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows: Bronchitis & Mediastinitis with terminal Catarrhal Pneumonia with Respiratory and Cardiac failure — Date of onset

Other contributory causes of importance: Fracture neck of left humerus July 26, 1937 never regained her strength

Name of operation — Date of
What test confirmed diagnosis? Physical Examination — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. N. Watkins, M. D.
(Address) 318½ College St

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DR, C B Elkins

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, ...

Everett R.Head, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Billings, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.