

No. 2
4-13-40
-17-39
I X231

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42548

State File No. 1023
Registrar's No.

Registration District No. 318

Primary Registration District No. 2001

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: 2233 Howard
(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

3. (a) PRINT FULL NAME Andrew T. Jones
(b) If veteran, name war Unknown
(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ella T. Jones
(c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June 21, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 1 hr. min.

9. Birthplace Brunswick, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Frisco Employees

11. Industry or business Railroad

12. Name Andrew J. Jones

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

14. Maiden name Jennie Coulter

15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Ella T. Jones

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 12-24-40 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2233 N. Howard
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 22
year 1940 hour 8:45 minute _____ P.M.
21. I hereby certify that I attended the deceased from Sept 1940 to Dec 22, 1940
that I last saw him alive on Dec 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis resulting from
Due to Cerebral hemorrhage
Due to arterio-sclerotic Cardiac - renal disease
Other conditions (Include pregnancy within 3 months of death) 9518
Major findings: Of operations _____
Of autopsy _____
Duration 3 days
10 days
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? 9518
(Specify type of place) While at work? _____
(b) Means of injury _____

23. Signature W. E. Handley (M. D. or other) MD
Address Springfield Date signed 12/24/40

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.....

Harlow Knabb

Licensed Embalmer No. *4065*

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.