

REC'D JUL 12 1938

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

20904

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. St. Joseph Hospital, K.C.Mo. Registered No. 2354
(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 Grace Jones Sammons, 552

(a) Residence, No. 1415 East 66th Street, K.C.Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Milton L. Sammons</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17th, 1894</u>				
7. AGE	YEARS <u>44</u>	MONTHS <u>1</u>	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>			
	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) <u>Kansas</u>				
FATHER	13. NAME <u>Richard Jones</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Jones</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>			
17. INFORMANT <u>Milton L. Sammons,</u> (ADDRESS) <u>1415 East 66th Str., K. C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation (Elmwood)</u> DATE <u>June 11th, 1938</u>				
19. FUNERAL DIRECTOR (NAME) <u>Mrs. C. L. Forster</u> (ADDRESS) <u>918 Brooklyn Avenue, K.C.Mo.</u>				
20. FILED <u>June 10, 1938 M. M. Brown</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan 19, 1937, to June 10, 1938
I last saw him alive on June 9, 1938 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma right breast - 1928
+ lung 1930
50

Other contributory causes of importance:

Metastatic Carcinoma left orbit 1937
eye

Name of operation

What test confirmed diagnosis? 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

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? 700

If so, specify

(Signed) J. G. Willett M.D.(Address) 925 Orange Alley

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH CARE REGULATION

Dr. Verdon.

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

Licensed Embalmer No.

P. O. Address

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, above space should be left blank.