

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

1387  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 1  
 (b) Township Kaw Primary Registration District No. 400  
 (c) City Kansas City (d) Street No. 5829 Locust Street 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 32 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 520 Mrs. Grace Silverthorne Jones  
 (a) Residence, No. 5829 Locust Street 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herbert S. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 10, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 8 19

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. At Home  
 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) Iowa

FATHER 13. NAME Oliver J. Silverthorne  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Harriett Savage  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Herbert S. Jones  
5829 Locust Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 1-31-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary  
Kansas City, Missouri

20. FILED Jan 30 1939 M. M. Brown  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-39, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 28 to Jan 28, 1939  
 I last saw him/her alive on Jan 28, 1939 Death is said to have occurred on the date stated above, at 3 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach  
46  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
None

Name of operation Gastroenterostomy Date of May 28  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) M. M. Brown M. D.  
 (Address) 1003 Thompson Bldg Kansas City Mo

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.

*The Registrar*

*Sharp Body*

*11:30-1*

*4-5*

**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, .....

*[Signature]*

or by .....

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

Signed *[Signature]*

Licensed Embalmer No. *5939*

P. O. Address *K. O. M.*

**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.**