

REC'D APR 17 1939

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

9567

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. 129 E 31st St. Registered No. 1173
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Thomas Farley Jones

(a) Residence, No. 129 E. 31st St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna M. Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6, 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 10 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Foreman K.C. Gas
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) Ohio

FATHER 13. NAME Thos. F. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Emk. Kearney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Anna M. Jones,
(ADDRESS) 129 E 31st St., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Mar. 17-39

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED Mar 16 1939 M. M. Crow
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14-39, 19

22. I HEREBY CERTIFY, That I attended deceased from

Deputy Coroner
I first saw Deputy Coroner alive on 4:00 P.M., 19 1939. Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Injury by fall
fracture of surgical neck of left humerus

Other contributory causes of importance:
Terminal bronchopneumonia

Name of operation 186 Date of 1939
What test confirmed diagnosis? Yes Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 2-25-39

Where did injury occur? K.C. Mo
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell down stairs @ Loma
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Factor's Office

(Signed) Deputy Coroner, M. D.
(Address) Switzer K.C. Mo.

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.