

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17454

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1856
 (c) City Kansas (d) Street No. General Harp #2 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

(a) Residence, No. 300 Willie Dewitt St.
1438 E. 13th
 (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 Fe. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1884
 7. AGE YEARS 54 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Shreveport, La.
 (STATE OR COUNTRY)

13. NAME Willie D. Jones
 14. BIRTHPLACE (CITY OR TOWN) Shreveport, La.
 (STATE OR COUNTRY)

15. MAIDEN NAME Susana Ladison
 16. BIRTHPLACE (CITY OR TOWN) Shreveport, La.
 (STATE OR COUNTRY)

17. INFORMANT Thomas D. Jones
 (ADDRESS) 2426 Harrison

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Blue Ridge DATE 5-3-1939

19. FUNERAL DIRECTOR (NAME) Living & Brady
 (ADDRESS) 1513 1200th

20. FILED 5-3-39 M. B. Orant
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30-39, 19

22. I HEREBY CERTIFY That I attended deceased from

I last saw him at home, 19

to have occurred on the date stated above, at 8:50 p. m.

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

Rheumatic Endocarditis
Myocardial Stenosis

Other contributory causes of importance:

Name of operation Autopsy Date of Autopsy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 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?

If so, specify None

(Signed Dr. J. L. Orant M. D.)

(Address None)

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

L. Harris, Jr.

Licensed Embalmer No.

3388

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.