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

Reg. OCT 18 1939

31403
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kan
(c) City K. C. Mo.
Registration District No. 399
Primary Registration District No. 1007
Registered No. 3501
(d) Street No. General Hospital #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 Albert Jones
(a) Residence, No. 2207 Wabash 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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1904
7. AGE: Years 34 | Months 9 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
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) (STATE OR COUNTRY) Oklahoma

FATHER
13. NAME Deceased - John Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

MOTHER
15. MAIDEN NAME Deceased Nancy Tiger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

17. INFORMANT Record Clerk
(ADDRESS) General Hospital
18. BURIAL, CREMATION, OR REMOVAL
PLACE Muskogee Okla DATE 9/7 1939
19. FUNERAL DIRECTOR Hatkins Bros
(ADDRESS) 1729 Lydia
20. FILED Sept 7 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3 1939
22. I HEREBY CERTIFY, That I attended deceased from ....1939 to 9-3 1939
I last saw him alive on 9-3 1939 Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Paren Chymatous (Chronic) Nephritis
c Uremia 131

Other contributory causes of importance:

Name of operation ..... Date of .....
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? ..... Date of injury ....., 19....
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? .....
If so, specify .....
(Signed) G. A. Reeves, M. D.
(Address) General Hospital #2

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Isaac Jerome Manlove

Licensed Embalmer No. 3994

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.)