

FILED FEB 15 1940

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

2072

Do not use this space.

**1. PLACE OF DEATH**

(a) County Clay Registration District No. 198  
 (b) Township Fishing River Primary Registration District No. 3011 Registered No. 18  
 (c) City Excelsior Springs, Missouri (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** John Henry Jones

(a) Residence, No. 623 West 8th St., Kansas City, Mo. st.  Kansas City, Mo.  
 (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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>51</u>	<u>2</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc. Unknown

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Indiana

13. NAME John Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Rebecca Whitlock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE 1-16 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Pritchard  
Excelsior Springs, Mo.

20. FILED Jan 27 1940 Miss. Reg. 711 Excelsior Springs, Mo.  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 16 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1939, 19... to January 16, 1940, 19...  
 I last saw him alive on January 16, 1940. Death is said to have occurred on the date stated above, at 1:30 AM

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

Cardiac Decompensation

Date of onset

Other contributory causes of importance:

Hypertension  
Coronary ArteriosclerosisName of operation None Date of... NoneWhat test confirmed diagnosis? Examination and observation Was there an autopsy? No23. 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 Unknown(Signed) W.A. German, M. D.W.A. GERMAN, MD, Clinical Director  
Excelsior Springs, Mo.

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RECEIVED  
District Health Officer No. 8,  
District File Number *11/140*  
Date Filed

**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.....

Walter Barker....., Registered Apprentice No. 228  
working under my personal supervision.

Signed Claude Guichard

Licensed Embalmer No. 2751

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.**