

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5568

State File No.

Registrar's No.

793

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
5312 Agnes 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community About 24 years

3. (a) PRINT FULL NAME Edward Jones

8. (b) If veteran, name war World War 3. (c) Social Security No. 708-18-8528

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Estella Jones 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Feb. 10 1898
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Pullman Porter

11. Industry or business Pullman Co.

MOTHER FATHER { 12. Name William Jones
 13. Birthplace Little Rock, Ark.
(City, town, or county) (State or foreign country)
 14. Maiden name Joanna
 15. Birthplace Little Rock Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Estella Jones

(b) Address 5312 Agnes

17. (a) Burial (b) Date thereof 2 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland K.C. Mo.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 2-21-40 (b) M.M. Craue
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5312 Agnes
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1940 hour 8:20 AM/PM minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 12- _____, 1940, to Feb. 16, 1940, that I last saw him alive on Feb. 16- _____, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____
 Due to Hypertension
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or Other) _____
 Address 7830 Vine Date signed 2/16/1940

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

Edwin G. Thomas

Licensed Embalmer No.

3836

P. O. Address

1819 E 15th St Ma

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.