

290
S. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20893

State File No.

Registrar's No.

2510

JUL 15 1940
399

Registration District No.

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2009 East 14th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

In this community 15 years

8. (a) PRINT FULL NAME Corrine E. Jones 520

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col.

6. (a) Single, widowed, married, divorced Singled

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>2</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business _____

12. Name Louis Jones

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Maude Evans

15. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Mable Williams

(b) Address 2009 East 14th St.

17. (a) Removal (b) Date thereof 6/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waskoogee, Oklahoma

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

(b) Address 1729 Lydia

19. (a) June 19, 1940 (b) M. M. Brown
(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. 2009 East 14th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1940 hour 11 minute 57 P. M.

21. I hereby certify that I attended the deceased from 6/13/40, 1940, to 6/17/40
that I last saw her alive on 6/17/40
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cellulitis of jaw</u>	
<u>Due to Edema of 3rd & 4th</u>	
<u>mandibular gland</u>	
<u>1150</u>	
<u>Other conditions: P.O. Toxicology</u>	
<u>6/13/40 Suspected Toxicosis</u>	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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?
3/11 While at work !
(Specify type of place) (b) Means of injury

23. Signature Fugate (M. D. or other) _____
Address 1214 W. line Date signed 6/18/40

R. C. H.

OCT 14 1941

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St

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.