

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.

Registration District No. **FILED 111-239A 1940**

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)
(c) Name of hospital or institution: St. Marys
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Non-Resident (Specify whether years, months or days)
In this community Walter Herbert Jones (Specify whether years, months or days)

3. (a) PRINT FULL NAME WALTER HERBERT JONES
8. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen E. Jones
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Nov 18 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 18
If less than one day hr. min.

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

10. Usual occupation Retired Station Agent

11. Industry or business Missouri People R.R.

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl Jones
(b) Address 261 1/2 Maple St. Kansas

17. (a) Memorial Park (b) Date thereof July 29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, Kansas

18. (a) Signature of funeral director R.A. Fulton
(b) Address Kansas City, Kansas

19. (a) July 29, 1940 (b) M. M. Clarke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3049 N. 27th.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 11:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from April 8th, 1939, to July 26, 1940,
that I last saw him alive on July 26, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Due to Arterio-sclerotic Heart Disease
Due to 95%

Other conditions Prostatic Hypertrophy
(Include pregnancy within 3 months of death)
with bilateral hydrocephalus

Major findings: _____
Of operations _____
Of autopsy as above

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, or farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1500

23. Signature G. A. Kay (M. D. or other) M.D.
Address 1007 Arroyo Bldg Date signed 7/29/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 *RA. Helton*

Licensed Embalmer No. *3503*

P. O. Address *Ke. Kansas*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson SS.

State File No. _____
Local Registrar's No. 3014

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of August, 1940, before me appears _____

Carl Jones, who, upon his oath, states that the original record of birth
for Walter Herbert Jones died born July 26, 1940, in the State of
Missouri, and which was filed at MO on July 29, 1940 should be corrected as follows:

Item No. 66 should read 76 Yes

Instead of _____

Item No. 6B should read Ellen L. Jones

Instead of Ellen W. Jones

Item No. 176 should read Memorial Park Cemetery

Instead of Mt. Hope Cemetery

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Carl Jones Son
Relationship.

2261 Lathrop, MO, Kans.
Present Address.

Subscribed and sworn to before me this 19 day of August, 1940

My Commission expires Sept 27, 1943 Margaret M. Brown Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-24404