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13-40
7-39
X23159

FILED OCT 11 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30880**
Registrar's No. **3443**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
332 Benton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20**
(Specify whether **0**)
In this community **30 Yrs.**
years, months or days

3. (a) PRINT FULL NAME **Mattie Barnes Jones**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Femal**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Robert Harry Jones**
6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **March 30 1871**
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **1**
If less than one day hr. min.

9. Birthplace **Independence Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Edgar Horace Barnes**

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

14. Maiden name **Anna H. Landemann**

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

16. (a) Informant **Robert Harry Jones**

(b) Address **332 Benton Blvd.**

17. (a) **Burial** (b) Date thereof **Sept 2 '40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **Mrs C.L. Forster**

(b) Address **Kansas City Mo.**

19. (a) **Sept. 3, 1940** (b) **M. M. Grome**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **322 Benton Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **1st**
year **1940** hour **3** minutes **50** A. M.

21. I hereby certify that I attended the deceased from **Feb.**
19**39** to **Sept 7**, 19**40**
that I last saw her alive on **Sept 1**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Duration **20 min**

Due to _____

Due to _____

Other conditions **In aneurism**
(Include pregnancy within 3 months of death)
Edema lungs

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
— **82a**
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? _____

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

23. Signature **Robert M. Meyer** (M. D. or other)
Address **1025 Skullo** Date signed **9-3-40**

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

MOTHER FATHER

Nov 4 1951
Rialto Bldg.
915 Penn. Ave.
Trinity Hosp.

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 *Theron A. Redman*

Licensed Embalmer No. *2737*

P. O. Address *R. E. Moore*

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, fact should be so stated above.