

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.

Registration District No. 399

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: General Hospital #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12-26-40-1-6-41
 In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thelma Jones
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-10-3593

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased 2 2 1918
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 11 1 hr. _____ min.

9. Birthplace Kansas City Mo. D
 (City, town, or county) (State or foreign country)

10. Usual occupation Maid
 11. Industry or business Mehorsey Furniture Co.
 12. Name David John Jones
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Lillian Bradshaw
 15. Birthplace Harnsburg Ky. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk
 (b) Address Gen. Hosp. #2
 17. (a) Burial (b) Date thereof 1-10-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery West, Aptington, Mo.
 18. (a) Signature of funeral director _____ (b) Address K. R. 3rd
 19. (a) Jan 9 1941 (b) H. M. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City 48°
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1632 Norton 8
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 1 day 6
 year 41 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from 12-26- 19 40 to 1-6- 19 41
 that I last saw her alive on 1-6- 19 41
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis
 Due to _____
 Due to _____
 Other conditions Pelvic Abscess
 (Include pregnancy within 3 months of death)
 Major findings: Organic suppurative
 Of operations (Operated)
 Of autopsy Above Mentioned

Duration
 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?
 While at work? _____ (Specify type of place) Means of injury 0
 28. Signature H. M. Brown (M. D. or other)
 Address Gen. Hospital #2 Date signed 1-2-41

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 C. J. West

Licensed Embalmer No. 2710

P. O. Address Kansas City, Mo.

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.