

FILED MAR 14 1941
Registration District No. **299**

Primary Registration District No. **1002**

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
3305 Olive Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **--**
In this community **23 Years**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Mr. Marshall Lannie Jones**

3. (b) If veteran name war **None** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Mrs. Annie Lee Jones** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **December 19, 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	1	21	hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Bell Telephone Co.**

12. Name **John S. Jones**

13. Birthplace **Warren County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Wyatt**

15. Birthplace **Warren County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Annie Lee Jones**

(b) Address **3305 Olive Street**

17. (a) **Cremation** (b) Date thereof **Feb. 10, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **D.W. Newcomer's Sons**

18. (a) Signature of funeral director **D. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **2/10/41** (b) **m. m. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**
(a) State **Missouri** (b) County **Jackson** **3**
(c) City or town **Kansas City** **8**
(If outside city or town limits, write "RURAL")
(d) Street No. **3305 Olive Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **-- 0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **9th**
year **1941** hour **4** minute **45** AM M.

21. I hereby certify that I attended the deceased from **Jan-26-**
1941 to **Feb 9-** **1941**

that I last saw **him** alive on **Feb. 8 -** **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chrn Myocardial Disease**

Due to **A. B. N**

Other conditions **Arterio Sclerosis**
(Include pregnancy within 3 months of death)

Major findings: **A. B. N.**

Of operations: **A. B. N.**

Of autopsy: **A. B. N.**

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? **Yes** (Specify type of place) (e) Means of injury **Dr. M.**

23. Signature **D. H. Newcomer's Sons** (M. D. of state) **Mo.**
Address **832 Argyle Bldg** Date signed **2/10/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Original copy

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.....

Emile M. Colbourne

Licensed Embalmer No. *3506*

P. O. Address..... *K C W*

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.