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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7176

Registration District No. 403 Primary Registration District No. 55 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson Brookside

(b) City or town 9006 Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9006 E. 66 Terrace
(If not in hospital or institution, write street number or location)

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

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. 2021 Monroe
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Terrance Leroy Jones

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 20 (Day) 1937 (Year)

8. AGE:

Years	Months	Days	If less than one day
2	7	25	hr. min.

9. Birthplace Kansas city (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Kenneth Jones
13. Birthplace Muscatine (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Vivian Lester
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr Kenneth Jones
(b) Address 2021 Monroe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 17 (Day) 1940 (Year)
(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) (Date received local registrar) (b) D. M. Eubank M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1940 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 20, 1937, to July 15, 1940
that I last saw him alive on July 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus — Duration 2 yrs +

Due to Spina bifida —

Due to

Other conditions
(Include pregnancy within 3 months of death)

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

23. Signature Ralph Perry M.D. (M. D. or other)
Address 4800 E 24 Date signed 7-16-40

(Licensed Embalmer's Statement on Reverse Side)

Dr Ralph Perry
4203 Linwood

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. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.