

FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13424**  
Registrar's No. **1405**

Registration District No. 399 Primary Registration District No. 1002

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

8  
3  
8

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 572 1/2 Troost  
(If not in hospital or institution, write street number or location)

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

In this community Unknown

3. (a) PRINT FULL NAME Macey Jones

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fe 3. Color or race Col

5. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 11 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 13 If less than one day — hr. — min.

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

10. Usual occupation none

11. Industry or business Washington Winston

MOTHER FATHER

12. Name unk. 9

13. Birthplace unk. 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace unk. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Cathy Bellis

(b) Address 572 1/2 Troost near Burlap

17. (a) Burlap (b) Date thereof 3-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Adolph Bros.

(b) Address 2000 E. 17th St. Mo.

19. (a) Apr. 9 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL.")

(d) Street No. 572 1/2 Troost near  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29 year 41 hour — minute 20 M.

21. I hereby certify that I attended the deceased from — 19— that Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Infarction

Due to Chronic Myocarditis

Due to Hypertensive Myocarditis

Other conditions —  
(Include pregnancy within 9 months of death)

PHYSICIAN

Major findings: —

Of operations: —

Of autopsy: Autopsy

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 3

23. Signature [Signature] (M. D. or other) —

Address — Date signed —

**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.....

*Edw Stevens*

Licensed Embalmer No.....

3836

P. O. Address.....

**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.**