

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17170

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1832

1. PLACE OF DEATH Jackson
(a) County _____
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JONES INFANT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color of race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased May 4, 1941
(Month) (Day) (Year)

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

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name J. Richard Jones
13. Birthplace Camden Mo.
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Jewell Shaw
(City, town, or county) (State or foreign country)

16. (a) Informant Salem Ark.
(b) Address J. Richard Jones

17. (a) Burial (b) Date thereof 5-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Parkville, Mo.

18. (a) Signature of funeral director J. J. Ireland & Francis

(b) Address Parkville, Missouri

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

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. 1702 Wabash
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-4-41, 19____, to 5-5-41, 19____;
that I last saw h im alive on 5-5-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature Drury P. Thour (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed _____

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

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.....

..... Licensed Embalmer No.....

..... 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.