

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27383

State File No. 3041

Registrar's No.

FILED SEP 12 1941  
Registration District No. 399

Primary Registration District No. 1002

48  
86  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County: Jackson  
(b) City or town: Kansas City  
(c) Name of hospital or institution: 1820 E. 17th St.  
(d) Length of stay: In hospital or institution: 22 days  
In this community: 22 days

3. (a) PRINT FULL NAME: RONELL JONES  
3. (b) If veteran, name war: none  
3. (c) Social Security No.: none

4. Sex: male  
5. Color or race: negro  
6. (a) Single, widowed, divorced, or married: single  
6. (b) Name of husband or wife: none  
6. (c) Age of husband or wife if alive: 9 years  
7. Birth date of deceased: Dec. 9, 1940

8. AGE: Years 7, Months 22, Days 0, hr. 0, min. 0

9. Birthplace: Kansas City, Mo.

10. Usual occupation: none

11. Industry or business: none

MOTHER FATHER  
12. Name: Everett Chilson  
13. Birthplace: unknown  
14. Maiden name: Jennie Lu Jones  
15. Birthplace: Japan

16. (a) Informant: Geraldine Jones  
(b) Address: 1820 E. 17th St.

17. (a) Burial, cremation, or removal: burial  
(b) Date thereof: 8-12-1941

(c) Place: burial or cremation: Blue Ridge Lodge

18. (a) Signature of funeral director: E. S. ...

(b) Address: 1811 E. 17th St. Kansas City, Mo.  
19. (a) Date received local registrar: 8/12/41  
(b) Registrar's signature: M. M. Crowe

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri  
(b) County: Jackson  
(c) City or town: Kansas City  
(d) Street No.: 1820 E. 17th St.  
(e) If foreign born, how long in U. S. A.: 0 years

20. DATE OF DEATH: Month 7, day 31, year 1941, hour 7:00, minute 0

21. I hereby certify that I attended the deceased from 7:00 P.M. that I last saw him alive and that he died on the date and hour stated above. Immediate cause of death: Status thymolymphaticus

Due to: 64  
Other conditions: none  
Major findings: Of operations: none  
Of autopsy: none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): none  
(b) Date of occurrence: none  
(c) Where did injury occur? none  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

23. Signature: Kenneth Miller (M. D. or other)  
Address: K.C. Mo. Date signed: 3

**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 *E. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *H. C. 720*

**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.**