S. No. 2
—1-4-41
5-17-39
PI X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27526

Registrar's No. 3184

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8-18-41-8-21-41 (Specify whether years, months or days)
In this community: 20 years

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.: 2117 Vine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ETHEL JONES
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Negro
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: August (Month) 4 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
51		17	hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business:
FATHER 12. Name: Deceased
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Deceased
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: General Hospital #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 25-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge
18. (a) Signature of funeral director: Graham Bros
(b) Address: 2207 Vine St.
19. (a) 8/25/41 (Date received local registrar) (b) M. M. Crom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st year 1941 hour 1 minute 25 p.m.
21. I hereby certify that I attended the deceased from 8-18-41, 19..., to 8-21-41, 19...; that I last saw her alive on August 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Carcinomatosis with metastasis to liver	
Due to: Primary adenocarcinoma of stomach	
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? Means of injury:
23. Signature: (M. D. or other) 8/22/41
Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 B. L. Graham

Licensed Embalmer No. 2540

P. O. Address 2208 Vincent

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.