. No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30772

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 8589

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: 1328½ East/17th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 1328½ East 17th St. 8 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Jones
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Andrew Jones
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 13, (Day) 1867 (Year)

8. AGE: Years 74 Months 3 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Topeka (City, town, or county) / Kansas (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Henry Estes
13. Birthplace Clay County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Caroline Woods
15. Birthplace Clay County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Harold Jones
(b) Address 2450 Brooklyn
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Eskridge, Kansas
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia
19. (a) 9/22/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1941 hour 11 minute 05 A.M.
21. I hereby certify that I attended the deceased from 8.7.41 9.21. 1941 to ..... 19..; that I last saw her alive on 9.21.41 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
Due to Metastasis
Due to bladder
Other conditions Carcinoma of Germany
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas R Humbert (M. D. or other)
Address Lincoln Bldg KCM Date signed 9-22-41

(Licensed Embalmer's Statement on Reverse Side)

Humbert

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 Isaac J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2603 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.