. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5425

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 660

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: 1517 Garfield /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1517 Garfield
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jennie Smith Jones

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lewis Jones

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October (Month) 28, (Day) 1876 (Year)

8. AGE: Years 65 | Months 3 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace 0 (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace 9 (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 9 (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Lewis W. Jones
(b) Address 1517 Garfield

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 2/16/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1942 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 2-1-, 1942 to 2-3-, 1942
that I last saw her alive on 2-3-, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to Subacute Bronchitis	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
Of autopsy no	

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 0

23. Signature T. J. Haugh (M. D. or other)

Address 2200 E 18 Date signed 2-13-42

(Licensed Embalmer's Statement on Reverse Side)

Haugh

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 Jesse L. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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

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