

FILED MAY 12 1942
Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 1697

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: 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 days (Specify whether
In this community 1 1/2 days / mo. 7 da. years, months or days)

3. (a) PRINT FULL NAME Harold Donald Jones

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 21 years (Month) (Day) (Year)

7. Birth date of deceased Mar 21 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 7 hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name Harold D Jones

13. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Carrell

15. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harold D Jones
(b) Address 4353 Brookline

17. (a) Burial (b) Date thereof 4/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director Ernest Wiegberg
(b) Address 2315 Greenwood

19. (a) 4-30-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 3453 Brooklyn 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1942 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from 4-27, 1942, to 4-28-42, 1942,
that I last saw him alive on 4-28-42, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOPNEUMONIA

Due to 107

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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 D

23. Signed Ernest Wiegberg (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital, K.C., Mo. Date signed

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.....

Ray E Snow

Licensed Embalmer No.

2560

P. O. Address.....

K E M

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.