

Registration District No. 398

Primary Registration District No. 3019

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence, Mo.  
(c) Name of hospital or institution: 1007 North Lynn St.  
(d) Length of stay: In hospital or institution 68 Years  
In this community 68 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(d) Street No. 604 N. Main  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Edmania Lowell Jones

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased June 13, 1873

8. AGE: Years Months Days If less than one day  
68 11 10 hr. min.

9. Birthplace Jackson County, Missouri

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Hedges

13. Birthplace Dont know- Kentucky

14. Maiden name Sarah Whittington

15. Birthplace Dont know- Kentucky

16. (a) Informant Mrs Roy H Jones

(b) Address 1007 North Lynn

17. (a) Burial (b) Date thereof 5-25-42

(c) Place: burial or cremation Woodlawn Indep, Mo.

18. (a) Signature of funeral director OTT-MITCHELL

(b) Address 310 N. Main Indep, Mo.

19. (a) 5-25-42 (b) J. Med. Cross

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 31 1942 to May 23 1942  
that I last saw her alive on May 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the rectum metastasis

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Pericardium at junction of sigmoid & colon  
Rectum was removed

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?.....  
(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.....

23. Signature Carl Allen (M. D. or other) M.D.  
Address Independence, Mo. Date signed 5-25-42

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Henry D. Mitchell

34-25- Licensed Embalmer No. 3925

P. O. Address Indep. Mo.

**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.

42-22-2