

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 8 hrs. (Specify whether  
In this community 8 hr.  
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. 1702 Wabash 8  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Jones infant

3. (b) If veteran, name war --- 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 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 May 24th 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
8 hr. 0 min.

9. Birthplace 1702 Wabash K.C. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Richard Jones 0  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Jewell Shaw  
15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Jones  
(b) Address 1702 Wabash. K.C. Mo

17. (a) Burial (b) Date thereof May 25 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Parkville Mo

18. (a) Signature of funeral director Leland H. Franzen  
(b) Address Parkville Mo.  
19. (a) 6-24-42 (b) M. N. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th  
year 1942 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from 5-24-42, 19\_\_\_\_, to 5-24-42, 19\_\_\_\_  
that I last saw her alive on 5-24-42, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity  
Due to 159  
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?  
While at work? \_\_\_\_\_ (Specify type of place) Means of injury 3  
23. Signature Dr. R. H. Crowe (M. D. or other) \_\_\_\_\_  
Address Med. Bldg. K.C. Gen. Hospital Date signed \_\_\_\_\_

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

MOTHER FATHER

**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 embalmed*

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

Signed *L. W. Francis*

Licensed Embalmer No. *3451*

P. O. Address *Parkville 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.**