

Registration District No. 400

Primary Registration District No. 555B

48  
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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, Prairie  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson's Home for Aged  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence  
(If outside city or town limits, write "RURAL" and give location)

(d) Street No. 131 East Short

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

3. (a) PRINT FULL NAME LEROY JONES

3. (b) If veteran, name war World War

3. (c) Social Security No. 496-16-3107

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 2  
year 1942 hour 5:30 minute A. M.

4. Sex male 5. Color or race white

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

(b) Name of husband or wife Ethel Jones

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Feb-14-1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19;  
that I last saw him alive on 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

8. AGE: Years 52 Months 4 Days 18  
If less than one day hr. min.

Due to Thrombosis

Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation cook

Major findings Of operations \_\_\_\_\_

11. Industry or business Cook Jackson Co. Home

Of autopsy see above

12. Name Smith Jones

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

13. Birthplace no record 9  
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Jones

(b) Address Independence, Mo.

17. (a) Burial (b) Date thereof 7/5/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodlump Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) July 4-42 (b) F.M. Deitch  
(Date received local registrar) (Registrar's signature)

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 3

23. Signature K.C.M. (M. D. or other) \_\_\_\_\_

Address K.C.M. Date signed 7/2/42

SEP 12 1945

APR 22 1945

DEC 4 1957

JUL 28 1942

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 *Frank B. Smith*.....

Licensed Embalmer No. *2467*.....

P. O. Address *Independence, 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.