

S. No. 2  
M-5-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 1 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23455

State File No. \_\_\_\_\_

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2814

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. 10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days (Specify whether  
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 7  
(d) Street No. 4427 Troost Avenue (If outside city or town limits, write "RURAL") 8  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Cora Jones  
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 23rd  
year 1942 hour 11 minute 30 A.M. M.

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased July 20 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-12-42 to 7-23-42, 19...;  
that I last saw her alive on 7-23-42, 19...;  
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 0 Days 3 If less than one day hr. min.

Immediate cause of death Carcinoma of breast with metastases  
Duration \_\_\_\_\_

9. Birthplace La Fayette Co. Mo  
(City, town, or county) (State or foreign country)

Due to 50  
Due to \_\_\_\_\_

10. Usual occupation Seamstress

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Self

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

12. Name Alfred Ramey

Of autopsy None

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

14. Maiden name Anna Berlin

15. Birthplace La Fayette Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant William Taylor

(b) Address 803 Cypress

17. (a) Removal (b) Date thereof July 25  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn, Mo

18. (a) Signature of funeral director C. H. Blackburn  
(b) Address Kansas City Mo

19. (a) 7-25-42 (b) M. M. Crowe  
(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? \_\_\_\_\_

23. Signature Anney P. Horn (M. D. or other) 0  
Address Med. Dir. K. C. Gen. Hospital Date signed 7-23-42

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

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**