

FILED SEP 3 1942

Registrator's No. 3142

Registration District No.

Primary Registration District No. 1002

Registrator's No.

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: 1605 1/2 - 12 1/2 St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rebecca Jones

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Female 5. Color of 3 Colored (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased 1 - 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business unemployed

12. Name unknown

13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Johnson

(b) Address 2014 E 12 St

17. (a) Burial (b) Date thereof 8-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director H. B. Moore

(b) Address 1820 E 18 1/2 St

19. (a) 8-21-42 (b) M. M. Brown
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 1605 1/2 - 12 1/2 St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8, day 19, year 42 hour 1 minute 48 M.

21. I hereby certify that I attended the deceased from 1942 to 1942

that I last saw him alive on 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease

Due to 93A

Due to 93A

Other conditions (Include pregnancy within 3 months of death)

Major findings: inspection & history

Of operations

Of autopsy inspection & history

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

23. Signature [Signature] (M. D. or other)

Address [Signature] Date signed 8/19/42

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*

A B Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed *A B Moore*

Licensed Embalmer No. *2410*

P. O. Address. *1820 E 18th St*

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.