

FILED, OCT 20 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3610

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 2 & 16 days
(Specify whether)

In this community 1902
years, months or days)

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")

(d) Street No. 181 So. Lawndale
(If rural, give location)

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

3. (a) PRINT FULL NAME Sadie Jones

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased Dec. 1, 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business North Mohrman

12. Name Sadie Jones

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Thelma Jones

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mears

(b) Address 19th & Lawndale

17. (a) Burial (b) Date thereof 10-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director C. H. Blackman & Son

(b) Address Kansas City

19. (a) 10-1-42 (b) M. M. Abrowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30th
year 1942 hour 5:00 A.M. minute M.

21. I hereby certify that I attended the deceased from 7-14-42 19... to 9-30-42 19...
that I last saw her alive on 9-30-42 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast

Due to PI

Due to

Other conditions PI
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

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) (2) Means of injury

23. Signature Amey C. Jones (M. D. or other)
Reg. Dir. K.C. General Hospital
Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

486
8066

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 W. D. Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.