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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37248

State File No.

FILED DEC 7 1942

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lt Rural Blue Ridge Mo
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 5 (Specify whether
In this community 20
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3

(c) City or town KC Mo 8
(If outside city or town limits, write "RURAL")

(d) Street No. 919 Highland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME ALBUN JONES

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex M 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 25 (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	4	21	hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation unemployed

11. Industry or business ✓

FATHER
12. Name Dont Know
13. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant C.H. Records

(b) Address Little Blue Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn KC Mo

18. (a) Signature of funeral director Flynn & Green Street

(b) Address KC Mo

19. (a) Nov. 23, 1942 (Date received local registrar) (b) F.M. Schick By Effie Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 11 day 15
year 1942 hour minute 4 A M.

21. I hereby certify that I attended the deceased from Oct. 15, 1942 to Nov. 15, 1942
that I last saw him alive on Nov 15, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chorea and Polyneuritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 87a	
Major findings: Of operations ✓	
Of autopsy no	

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?
(Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature L.W. Booker (M. D. ~~or other~~)

Address 2028 Vine St. Date signed 11/20/42

1162 (Licensed Embalmer's Statement on Reverse Side)

DEC 16 1948

JAN 6 1954

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 [signature]

Licensed Embalmer No. 2211

P. O. Address 4819 E. 15th KC 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.