

FILED DEC 1 1942  
Registration District No. 149

Primary Registration District No. 1002

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11-30-42-12-3-42  
17 years (Specify whether  
In this community  
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. 717 Independence  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME GRIM JONES  
3. (c) Social Security No. 487-12-9813  
3. (b) If veteran, name war.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 3  
year 1942 hour 10 minute 00 a.m.

4. Sex Male 5. Color or race Negro  
6. (a) Single, Married, divorced, Widowed  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased April 7 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
November 30, 1942, to December 3, 1942;  
that I last saw him alive on December 3, 1942;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Congestive Heart Failure Duration

8. AGE: Years Months Days If less than one day  
55 7 26  
hr. min.

Due to Prob. Arteriosclerotic heart disease

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

Due to 935

10. Usual occupation Unemployed

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business.....

PHYSICIAN

12. Name John Jones

Major findings: Of operations.....

13. Birthplace unk 7  
(City, town, or county) (State or foreign country)

Of autopsy.....

14. Maiden name Mary Jensen

Underline the cause to which death should be charged statistically.

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

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

16. (a) Informant Record Clerk

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

(b) Address General Hospital No. 2

(b) Date of occurrence.....

17. (a) Burial (b) Date thereof 12-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State)

(c) Place: Funeral Home

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Raymond Greenstreet

(Specify type of place) (c) Means of injury

(b) Address 1819 E. 15th St

23. Signature Gen. Hosp #2-600622 (M. D. or other)

19. (a) 12-7-42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

Address Gen. Hosp #2-600622 Date signed 12-4-42

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

MOTHER FATHER

N

**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. G. Flynn*

Licensed Embalmer No.

2211

P. O. Address

1819 E. 19<sup>th</sup>

**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.**