

FILED DEC 18 1942

Registration District No. 249

Primary Registration District No. 1002

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:  
General Hospital No. 20  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12-1-42-12-4-42  
17 years  
(Specify whether years, months or days)  
 In this community.....

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. 1609 Euclid  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME RANDY LEE JONES  
 (b) If veteran, name war No  
 (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 4  
 year 1942 hour 10 minute 50 p. M.

4. Sex Female 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife..... (c) Age of husband or wife if alive 16 years  
 7. Birth date of deceased December 16 1924  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 1, 1942 to December 4, 1942  
 that I last saw her alive on December 4, 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
17 11 18 hr. min.

Immediate cause of death Tuberculous Peritonitis  
 Duration

9. Birthplace Pine Bluff Arkansas  
(City, town, or county) (State or foreign country)

Due to.....  
 Due to.....

10. Usual occupation None

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

11. Industry or business.....  
 12. Name Isaac Jones  
 13. Birthplace Pine Bluff Arkansas  
(City, town, or county) (State or foreign country)  
 14. Maiden name Beatrice Lowe  
 15. Birthplace Little Rock Arkansas  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Record Clerk

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof Dec 8, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lincoln Cemetery, K.C., Mo.  
 18. (a) Signature of funeral director Farrand L. Meek  
 (b) Address 1704 E. 18th St. K.C., Mo.  
 19. (a) 12-8-42 (b) M. M. Brown  
(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?  
(Specify type of place)  
 While at work?..... Means of injury.....  
 23. Signature [Signature] (M. D. Registrar)  
 Address Dr. Hoop # 2600 E. 22 Date signed 12-7-42

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Fannie L. Meek  
Licensed Embalmer No. 3818  
P. O. Address Kansas City, 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.**