

FILED DEC 18 1942

Registration District No. 749

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 11-27-42-12-4-42
32 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. 613 Locust
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM JONES

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Lou Jones 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased February 20 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 14 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Robert Jones

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

14. Maiden name Mollie Garrison

15. Birthplace 154-1
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 12-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Cemetery

18. (a) Signature of funeral director Thos. Appleton Jones
(b) Address 1905 1/2 Pine St.

19. (a) 12-6-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4
year 1942 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from November 27 1942 to December 4 1942
that I last saw him alive on December 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis and Uremia Duration

Due to 1315

Due to

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

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (Means of injury)

23. Signature J. C. D... Address Gen. Hosp. #2-600 E. 22 Date signed 12-5-42

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

MOTHER FATHER

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: *C. H. West*
Licensed Embalmer No. *2710*
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.