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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 25 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 504

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. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-25-43-1-26-43  
(Specify whether  
In this community 30 years  
years, months or days)

3. (a) PRINT FULL NAME HENRY JONES

3. (b) If veteran, name war — 3. (c) Social Security No. 496-09-2289

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Jones 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased January 1 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 0 25 hr. min.

9. Birthplace Huntsville Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Industry

MOTHER FATHER { 12. Name unknown  
13. Birthplace " (City, town, or county) (State or foreign country) 9  
14. Maiden name unknown  
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Mem. Adams Bros.

18. (a) Signature of funeral director Adams Bros.  
(b) Address 2000 E. 12th, K. C. Mo.

19. (a) 2-1-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 1125 Independence  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26  
year 1943 hour 2:30 minute a. M.

21. I hereby certify that I attended the deceased from January 25 1943 to January 26 1943  
that I last saw him alive on January 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Chronic Nephritis

Due to 131 B

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) (e) Means of injury —

23. Signature J. A. Brown (M. D. or other) —  
Address Gen. Hosp #2-600 E. 22 Date signed 1-28-43

**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..... *A. T. Moore* .....

Licensed Embalmer No. *948* .....

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.**