

ED APR 8 1948

Registration District No. **149**

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:
Mrs. Grosse Convalescent Home 3918 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 weeks**
In this community **5 months** (Specify whether 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. **3918 Charlotte**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Mrs. Katherine Jones**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **D. B. Jones** 6. (c) Age of husband or wife if alive **89** years

7. Birth date of deceased **September 24 1853**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 **#6** **6** hr. min.

9. Birthplace **Cynthiana, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business
12. Name **Jonathan Smith** **Kentucky**

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

14. Maiden name **Unknown** **Kentucky**

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

16. (a) Informant **Mrs. W. L. Sickels**

(b) Address **3804 Wyoming**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **4-1-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill, Mo.**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Mo.**

19. (a) **3-31-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30th**
year **1943** hour minute M.

21. I hereby certify that I attended the deceased from **Jan 4,**
19 **43**, to **March 30** 19 **43**;
that I last saw her alive on **March 30** 19 **43**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of pelvis** Duration **3 moos.**

Due to **18 1/2 h**
Due to **10**

Other conditions **Chronic myocardial degeneration**
(Include pregnancy within 3 months of death)
Chronic Bright's Disease

Major findings: **Chronic Bright's Disease**
Of operations: **Chronic Bright's Disease**
Of autopsy: **Chronic Bright's Disease**

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) **Accident 123**

(b) Date of occurrence **Jan 2, 1943**

(c) Where did injury occur? **Kansas City Jackson Mo.**
(City or town) (County) (State)

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

While at work?..... (Specify type of place) (e) Means of injury **Fall on stairs**

23. Signature **Robert Jansen** (M. D. or other M.D.)
Address **2220 E 31st St** Date signed **3-31-43**

361

from - 6-2
1513151
222
mmd/11/02

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 Clarence W. Child

Licensed Embalmer No. 3473

P. O. Address 76 e 760

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.