V. S. No. 2
OM—9-4-41
Rev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16997

FILED JUN 7 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2136

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 #2 D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/1/43-5/5/43 (Specify whether In this community 40 Years years, months or days)

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")

(d) Street No. 3528 Drury 8 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDWARD JONES

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Jones

6. (c) Age of husband or wife if alive Sick years

7. Birth date of deceased (Month) (Day) 1875 (Year)

8. AGE: Years 67 Months Days If less than one day hr. min.

9. Birthplace Glasgow (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business none

FATHER
12. Name Edward Jones
13. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Jeanette Clark
15. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Brady Funeral Home

(b) Address 1708 Oracy

19. (a) 5-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1943 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from May 1, 1943 to May 5, 1943 that I last saw him alive on May 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis

Due to Carcinoma of stomach

Due to 46 B

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. C. Stevens (M. D. or other)

Address Gen. Hosp #2-600 E. 22 Date signed 5-7-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1271

P. O. Address Kansas City M

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.