

17-39
X322
FILED MAY 18 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 117

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 418 No. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 26 years

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

3. (a) PRINT FULL NAME Martha Ann Jones
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25th year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Nov. 9, 1942 to April 25, 1943
that I last saw her alive on April 25, 1943 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married Widowed
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

Immediate cause of death Coronary Sclerosis Duration 6 mos
Due to _____
Due to _____

8. AGE: Years 82 Months 6 Days 2 If less than one day _____ hr. _____ min.

Other conditions General Atherosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace New Haven West Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Retired housewife

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) (e) Means of injury _____

11. Industry or business _____
12. Name John F. Thomas
13. Birthplace Wales (City, town, or county) (State or foreign country)
14. Maiden name Margaret Griffiths
15. Birthplace Wales (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Luessen
(b) Address Indep. Mo.
17. (a) Burial (b) Date thereof April 27, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Moved Home Cem.

18. (a) Signature of funeral director Spears Funeral Home
(b) Address Indep. Mo.
19. (a) 4-27-1943 (Date received local registrar) (b) Jewell Ross (Registrar's signature)

23. Signature Charles D. Grapes (M. D. or other) _____
Address Independence, Mo. Date signed 4/26/43

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 me

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

Signed Roland R. Sparks

Licensed Embalmer No. 3604

P. O. Address Indep. 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. mc
Registrar's No. 117

Registration District No. 146 Primary Registration District No. 3626

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 418 North Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Matha Ann Jones
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April Year 1943 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife E. J. Jones 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 2 1880
(Month) (Day) (Year)

Immediate cause of death _____
Duration _____

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 4-27-43 (b) James Cross
(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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) _____ (c) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-18052