S. No. 2
0M—2-43
5-17-39
1 X35567

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20434

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2542

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/11-5/28/43 (Specify whether
In this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2205 Highland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ADINE JONES

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 8 (Day) 1921 (Year)

8. AGE:

Years	Months	Days	If less than one day
22	1	20	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Major Jonesry
13. Birthplace Kooasota (City, town, or county) Texas 1 (State or foreign country)

MOTHER
14. Maiden name Mamie Elsberry
15. Birthplace Dallas (City, town, or county) Georgia 0 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 3 (Day) 1943 (Year)
(c) Place: burial or cremation Highland.

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

19. (a) 6-4-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
year 1943 hour 10 minute 15 AM.

21. I hereby certify that I attended the deceased from May 11, 1943, to May 28, 1943, that I last saw her alive on May 28th, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute congestive Heart Failure	
Due to Empyema 107	
Due to Broncho-pneumonia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same as above	

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 [signature] (M. D. [illegible])

Address Gen. Hosp. #2-600 E. 22nd St. Date signed 6-1-43

(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.....

P. O. Address.....

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.