. S. No. 2
00M—2-43
ex. 5-17-39
I X35697

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

FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20437

Registration District No. 24 FILED JUN 24 1943

Primary Registration District No. 1002

Registrar's No. 2502

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: St. Joseph's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 504 West 18th Street (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country ---

3. (a) PRINT FULL NAME Bobbie Lee Jones

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife --------

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

7. Birth date of deceased March (Month) 25 (Day) 1943 (Year)

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

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

10. Usual occupation None - Infant

11. Industry or business None

FATHER
12. Name Edwind L. Jones Jr.
13. Birthplace Joplin (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Lillian Pace
15. Birthplace New Market (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant Edwin L. Jones, Jr.

(b) Address 504 West 18th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 6-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1943 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 5-20-43, 19__, to 5-30, 1943 that I last saw h__ alive on 5-30-43, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Lobar pneumonia

Due to 108

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 Harry M. Gelhey M.D. (M. D. or other)

Address 1624 Professional Bldg Date signed 6-2-43

(Licensed Embalmer's Statement on Reverse Side)

Argyle Bldg

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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address Kc 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.