

ED AUG 6 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3159

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:
2340 Drury /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. XX
In this community 58 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MRS. CORA B. JONES

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife William G. Jones 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased May 14 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 1 If less than one day
.....hr.min.

9. Birthplace Knox City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James Spillman
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Luker
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna L. Milford
(b) Address 2340 Drury

17. (a) Burial (b) Date thereof 7-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.

19. (a) 7-19-43 (b) P.E. Brown
(Date received local registrar) (Registrar's signature)

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") 8
(d) Street No. 2340 Drury
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1943 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from 1930
....., 19..... to July 15 1943
that I last saw her or alive on July 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1.3 days
hypertension 1.2 days
Due to arterial hypertension 14 yrs
Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:

Of operations _____
Of autopsy _____
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?

While at work? (Specify type of place) (e) Means of injury _____

23: Signature Herbert Tutthill (M. D. or other) July 17 1943
Address 1211 Rialto Bldg Date signed

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

1-5832
Rialto 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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, 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.