

No. 2
-2-43
5-17-30
FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25152 ✓

State File No. _____

JUL 24 1943

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 162

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: Male Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Independence ⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 1900 Sterling Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY ANN JONES

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1943 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John E. Jones

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

7. Birth date of deceased Feb-16-1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 15, 1942 to June 14, 1943
that I last saw her alive on June 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Schility
Senile Dementia

Duration 1940

8. AGE: Years 86 Months 3 Days 28 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1670

9. Birthplace Dowling, Wales ⁴
(City, town, or county) (State or foreign county)

10. Usual occupation at home

11. Industry or business _____

12. Name John Lewis

13. Birthplace Wales ⁴
(City, town, or county) (State or foreign county)

14. Maiden name Ann Reese

15. Birthplace Wales ⁴
(City, town, or county) (State or foreign county)

16. (a) Informant Mrs. Estelle Davis

(b) Address 1900 Sterling

17. (a) Removal (b) Date thereof 6/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Chicago, Ind.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 6-14-1943 (b) James H. Ross
(Date received local registrar) (Registrar's signature)

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) (c) Manner of injury _____

23. Signature Geo. H. Bell (M. D. or other) _____

Address 1103 W. Union St. Ind. Date signed 6-14-43

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.....
....., 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.