

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Wyandotte Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2503 Macy
(d) Length of stay: 4 years

In this community 4 years

3. (a) PRINT FULL NAME Virienne C. Jones

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Ross Jones Jr.

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased 6/16/1910

8. AGE: Years 33 Months 2 Days 26

9. Birthplace Kansas City Kansas

10. Usual occupation House Wife

11. Industry or business

12. Name Nathaniel H. Halber

13. Birthplace Kentucky

14. Maiden name Ida Gillespie

15. Birthplace Kansas

16. (a) Informant Ross Jones Jr.

(b) Address 2503 Macy St.

17. (a) Burial, cremation, or removal burial

(b) Date of burial, cremation, or removal 9-15-43

(c) Place: burial or cremation Hestlgwyn

18. (a) Signature of funeral director H. C. Bishop

(b) Address 444 State St.

19. (a) Date received local registrar 9-15-43

(b) Registrar's signature H. C. Bishop

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wyandotte
(c) City or town Kansas City
(d) Street No. 2505 Macy St.
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1943 hour 10:30 minute 9-43 M.

21. I hereby certify that I attended the deceased from Sept 9-43 to Sept 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Stasis Impaction

Due to Acute Indigestion attack

Other conditions 122 lb

Major findings: Of operations

Of autopsy

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?
(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 R. B. Bishop Address 528 Ridge Blk. Kansas Date signed 9/13/43

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..... *Eugene English*.....
Licensed Embalmer No. *41057*.....
P. O. Address *440 State ave.*
St. Louis, 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.