

S. No. 2  
M-2.43  
5-17-39  
I X35627

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37335**  
Registrar's No. **4790**

FILED DEC 3 1943  
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **General Hospital No. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11-8-43-11-9-43**  
In this community **35 yr.**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2113 Vine**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MAMIE JONES**  
(b) If veteran, name war **None**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November** day **9**  
year **1943** hour **12:20** minute **a.** M.  
21. I hereby certify that I attended the deceased from **November 8** 19**43** to **November 9** 19**43**  
that I last saw her alive on **November 9** 19**43**  
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced, **widow**  
(b) Name of husband or wife **Major Jones**  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 10, 1901**  
(Month) (Day) (Year)

Immediate cause of death **Acute Congestive Heart Failure**  
Due to **Hypertensive type heart disease**  
Other conditions (include pregnancy within 3 months of death) **932**  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**42 4 30 29** hr. min.

9. Birthplace **Atlanta, Georgia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **unemployed**

11. Industry or business \_\_\_\_\_  
12. Name **Unknown**  
13. Birthplace **Atlanta, Georgia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital No. 2**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/13/43**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Highland Cemetery**

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 **J. C. Brown** (R. D. or other) \_\_\_\_\_  
Address **Gen. Hosp # 2 - 602 E. 22** Date signed **11-9-43**

18. (a) Signature of funeral director **William Davis**  
(b) Address **1729 Lydia Avenue**  
19. (a) **11-13-43** (b) **J. C. Brown**  
(Date received local registrar) (Registrar's signature)

**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 *J. Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

**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.**