

FILED JAN 3 1944 149
 Registration District No. _____

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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
North East Hosp. 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution week
(Specify whether
 in this community 23 years
years, months or days)

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. 5810 East 10th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME David C. Jones
 (b) If veteran, name war No
 (c) Social Security No. 496-16-3040

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 15th,
 year 1943 hour 11 minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cora M. Jones
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased July 9th, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May, 1942 to Dec 15, 1943
 that I last saw him alive on Dec 15, 1943
 and that death occurred on the date and hour stated above

8. AGE: Years Months Days If less than one day
56 5 6 hr. min.

Immediate cause of death Chronic Syphilitic Arteritis with chronic myocarditis
 Due to Syphilis
 Duration several years
 Due to 30d

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

10. Usual occupation Janitor

Other conditions (include pregnancy within 3 months of death)

11. Industry or business Commerce Trust Co.

Major findings: Of operations

12. Name John J. Jones

Of autopsy

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

14. Maiden name Salina Charles

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

16. (a) Informant Mrs Cora M. Jones

(b) Address 5810 East 10th, St.

17. (a) Burial (b) Date thereof 12/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 15th & Jackson

19. (a) 12-17-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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 T. E. Brown (M.D. or other) D.O.

Address 5400 Independence Ave. Date signed 12-17-43

361

Dr. Jamison

Ind. Ave + Hardisty

2 p.m.

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

John B. Camp

Licensed Embalmer No. 291555

P. O. Address. K.C. 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.