

FILED JAN 15 1944

State File No. 42524

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 307

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Independence Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Infant Jones

3. (b) If veteran, name war ✓ 3. (c) Social Security No. —

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced. —

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 2 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7 hr. — min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Thomas Jones

13. Birthplace Independence Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Wilson

15. Birthplace Sedalia Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Jones

(b) Address 1140 Hayden

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove

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

(b) Address Independence Mo

19. (a) 12-3-43 (Date received local registrar) (b) James Wilson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1140 Hayden (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 2 1943 to Dec 2 1943  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Immaturity (weight - 3 lbs 14 1/2 oz)  
Due to unknown causes (Normal birth at term)

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_ (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 RT

23. Signature P. N. Hill, M.D. (M. D. or other)  
Address 1438 Rodgers Date signed 12/3/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 Lloyd C. Lawson  
Licensed Embalmer No. 4199  
P. O. Address Independence, 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.**