

FILED MAY 11 1947  
 1947  
 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:  
2627 Vine Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 17 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. 2627 Vine St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edna Elaine Jones  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Fe 5. Color or Face Col 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 12 1926  
(Month) (Day) (Year)

8. AGE: Years 18 Months 3 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Petersburg Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Julius Jones  
 13. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Edna Dorsey  
 15. Birthplace Auburn New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Josie Jones  
 (b) Address 1722 Michigan

17. (a) burial (b) Date thereof 5/4/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Thackin Bros.  
 (b) Address 1729 Lydia

19. (a) 5-4-44 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 1st  
 year 1944 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 4/22/1944 to 5/1/1944  
 that I last saw h. er alive on 4/22/1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
 Duration About 1 year

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Includes pregnancy, within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 1945

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) Means of injury.

23. Signature Charles A. Hollis (M. D. or other) M.D.  
 Address 2318 Vine St., K.C. Mo. Date signed 5/4/44

*Dr. Holley*

**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. *2994*

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.**