No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20697

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2421

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NORTH-EAST-HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Jackson~~ 66
(c) City or town ~~Kansas City, Mo.~~ Eldon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ~~Mrs. Sarah Jones~~ Sarah Marion Jones
3. (b) If veteran, name war No
3. (c) Social Security No. NONE.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Samuel P. Jones
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 30 (Day) 1868 (Year)

8. AGE: Years 76 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Franklin Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James K. Poke Beeson
13. Birthplace (City, town, or county) N. Carolina (State or foreign country)
MOTHER
14. Maiden name Victoria Bell
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Harry Beeson
(b) Address Eldon, Missouri
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation ELDON MISSOURI
18. (a) Signature of funeral director MORTON FUNERAL H
(b) Address 832 Armour Rd. NO KAN CITY
19. (a) 6-7-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd. year 1944 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from May 26, 1944, 19 , to June 2, 1944 that I last saw her alive on June 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Adeno Carcinoma of Pyloris & Stomach.

Due to None

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Adeno Carcinoma of stomach.

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Frank E. Day (M. D. or other) DO
Address 4316 E 9th. KC Mo. Date signed 6-2-44

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(Licensed Embalmer's Statement on Reverse Side)

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 Morton

Licensed Embalmer No. 4349

P. O. Address No K Co Mu

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.