

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: Kansas city T.B. Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 19 days
(Specify whether
In this community Five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Jackson
(c) City or town Kansas city 48
(If outside city or town limits, write "RURAL") 3
(d) Street No. 715 Independence Ave. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country TI

3. (a) PRINT FULL NAME Vera Jones

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Female 5. Color or race colored 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 Feb 28 1917
(Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days 14 If less than one day
hr. _____ min. _____

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John Jones
13. Birthplace Uniontown Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Wickham
15. Birthplace Uniontown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Records of K.C. T.B. Hosp.
(b) Address Beeds, Mo

17. (a) Removal (b) Date thereof 6-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas University

18. (a) Signature of funeral director G. M. Hudson
(b) Address 1513 Dross

19. (a) 6-20-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1944 hour 11 15 minute P. M.

21. I hereby certify that I attended the deceased from 4-10 - 1944, to 6-14 - 1944
that I last saw her alive on 6-14 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 3 mo

Due to Pulmonary hemorrhage

Due to _____
Other conditions. (Include pregnancy within 3 months of death) 1361

Major findings: Of operations _____
Of autopsy _____
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) (e) Means of injury C

23. Signature W. E. Hubaux (M, D, or other) _____
Address Kansas City T.B. Hosp. Date signed 6-19-44

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

861

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.....

P. O. Address.....

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.