

FILED MAR 24 1945

Registration District No. **1002**

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:
1400 Woodland
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community **About 2½ months**

3. (a) PRINT FULL NAME **Charles L. Jones**
 3. (b) If veteran, name war..... **no**
 3. (c) Social Security No. **none**

4. Sex **Male** 2
 5. Color or race **Negro**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary Jones**
 6. (c) Age of husband or wife if alive **About 38** years
 7. Birth date of deceased **November 9, 1904**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	3	25	hr. min.

9. Birthplace **Lexington MISS.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck driver**

11. Industry or business.....
 12. Name **Jimmie Jones**
 13. Birthplace **Unknown** 4
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** 7
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lucy Langford**
 (b) Address **2110 E. 13th. St., K.C., Mo.**

17. (a) **Removal** (b) Date thereof **3-9-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seattle Wash**

18. (a) Signature of funeral director **E. Sterling Billie**

(b) Address **1212 Vine St., K.C., Mo.**

19. (a) **3-9-45** (b) **H. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** 10
 (c) City or town **Kansas City** 3
(If outside city or town limits, write "RURAL")
 (d) Street No. **1400 Woodland**
(If rural, give location)
 (e) Citizen of foreign country? **No** 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **4** 7
 year **1945** hour **4:20** minute **7** M.

21. I hereby certify that I attended the deceased from.....
 to.....
 that I last saw him **Deputy Coroner**.....
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Hypertrophy**
 Due to.....
 Due to..... **95C²**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy **Deep History**

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?

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

23. Signature **H. E. Richardson** (M. D. or other).....
 Address **7832 Vine** Date signed **3-7-45**

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

E. Sterling Bell

Licensed Embalmer No. *3178*

P. O. Address *1212 N. 10th St. K.C.*

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.