

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29730

State File No. _____

3748

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
Outside 6907 Winner Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community 21 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 716 Bennington 8
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Terrance Joseph Jones

3. (b) If veteran, name war no

3. (c) Social Security No. 487-05-5206

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9 year 1945 hour 7³⁰ minute A M.

21. I hereby certify that I attended the deceased from known 19____ to _____ 19____; that I last saw h_____ alive on _____ 19____; and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella May Walker Jones 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased 3/6/1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>6</u>	<u>3</u>	<u>0</u> hr. <u>0</u> min.

Immediate cause of death Cornary sclerosis

Due to arterio sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy no history & inspection

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Clarence, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Crane Hooker

11. Industry or business Sheffield Steel Corp

12. Name John Joseph Jones

13. Birthplace Clarence, Mo New York /
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Smith

15. Birthplace Clarence Clarence, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella May Jones

(b) Address 716 Bennington

17. (a) Burial (b) Date thereof 9/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 9-10-45 (b) Gerardine Holmes
(Date received local registrar) (Registrar's signature)

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 James Walker (M.D. or other) _____
Address 1424 Prof. Bldg. Date signed 9-8-45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 P. Sheel

Licensed Embalmer No. 3625

P. O. Address X 6 46

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.