S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1945

State File No. 32736

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4350

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: 3737 Agnes /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2600 Myrtle 8
(If rural, give location) 0
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Roy Lee Jones

3. (b) If veteran, name war No

3. (c) Social Security No. 495-03-1265

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Margaret Jones

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 7 (Month) 29 (Day) 1883 (Year)

8. AGE: Years 62 Months 2 Days 23 If less than one day ____ hr. ____ min.

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

10. Usual occupation Driver Merchants Delivery

11. Industry or business ____

FATHER
12. Name Albert V. Jones
13. Birthplace ____ (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Caroline Porter
15. Birthplace ____ (City, town, or county) Penn. / (State or foreign country)

16. (a) Informant Mrs. Marie Margaret Jones
(b) Address 2600 Myrtle

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City

19. (a) 10-23-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd. year 1945 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from April 14, 1943, to Oct 22 1945 that I last saw him alive on Oct 21 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	7
Due to Coronary Disease	6 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94a

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

23. Signature Wm L. Thompson D.O. (M. D. or other)
Address 3800 Q 27, 90 Mo Date signed 10-23-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.W. Thompson

27-- Cleveland 1 to 5 P.M.

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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

KC. Mo.

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.