

S. No. 2
OM-5-43
v. 5-17-39
I X3667

FILED DEC 28 1945

Registration District No. 187

Primary Registration District No. 1002

Registrar's No. 5117

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:
General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs. 12 mins.
(Specify whether _____)

In this community 1 year.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2808 Charlotte
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Jones

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm. W. Jones 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Nov. 25, 1883.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>0</u>	<u>16</u>	hr. min.

9. Birthplace Tenn. Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Apartment Bldg.

12. Name Antony Seiwicke

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Antonia Bartram

15. Birthplace Westphalia Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary J. VandenBogm.

(b) Address 2808 Charlotte R.E. Mo.

17. (a) Removal (b) Date thereof 12-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director William Mc Killy, Sulas

(b) Address 1800 Sawtooth Blvd. R.E. Mo.

19. (a) 12-12-45 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1945 hour 5 minute 12 P.M.

21. I hereby certify that I attended the deceased from Dec. 11, 1945, to Dec. 11, 1945
that I last saw her alive on Dec. 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations _____

Of autopsy See above

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 Clark W. Hopkins (Date of other) _____
Address Med. Dir. Gen'l Hosp. Date signed 12-13-45

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

MOTHER, FATHER

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Dr. French

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 *Russell G. France*

Licensed Embalmer No. *4258*

P. O. Address *Kansas City, 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.