

FILED FEB 7 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 379

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:
2030 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 24 Years
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. 2030 Madison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT Amanda Jones
FULL NAME

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

4. Sex Female 5. Color or race Negro
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 June 19 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 21 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
12. Name Huse Quince
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Jones

(b) Address 2030 Madison

17. (a) burial (b) Date thereof 1/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address 1829 ...

19. (a) 1-23-46 (b) Sheraldie Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1946 hour 11:30 minute P. -M.

21. I hereby certify that I attended the deceased from twelfth
January 1946 to January 20 1946
that I last saw her alive on January 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive heart failure. Duration _____

Due to Arteriosclerotic heart disease.

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
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 _____

23. Signature George ... (M. D. or other) M. D.
Address 2123 E. 15th St. Date signed 1-22-46

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

1060

Handwritten text, possibly a name or date, at the top left of the page.

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 *L. Jerome Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

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.