

FILED JAN 31 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 270

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs. 40 mins.
(Specify whether
In this community 25 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. 3425 Forest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna L. Jones
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female **5. Color or** White
6. (a) Single, widowed, married, Widow
6. (b) Name of husband or wife Charles Jones (Deceased)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 14 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 2 hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER
12. Name Spencer Sellis
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Miller
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Barclay
(b) Address 3425 Forest

17. (a) Burial Burial **(b) Date thereof** Jan 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (d) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood Kansas City, Mo

19. (a) 1-17-46 **(b) Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16
year 1946 hour 12 minute 50 A.M.
21. I hereby certify that I attended the deceased from
Jan. 15 19 46 to Jan. 16 19 46
that I last saw her alive on Jan. 16 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral arteriosclerosis

Due to.....

Due to.....

Other conditions..... 97
(Include pregnancy within 3 months of death)

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?

(e) Means of injury (Specify type of place) (Specify type of place)

23. Signature Clark W. Seeliger M. D. or other

Address Med. Dir. Gen'l Hosp Date signed 1-16-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1061

Ch. W. Wills

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..... *Chas E Wills*

Licensed Embalmer No. *2644*

P. O. Address. *H. C. Mc*

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.