

FILED JAN 21 1946
189

Registration District No. 1002 Primary Registration District No. 1002

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

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:
300 Benton Boulevard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Lucy Laura Jones
3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harvey Bennett Jones 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased February 28 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 27 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER

12. Name Richard Horan
13. Birthplace unknown, 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary O'Brien
15. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lewis R. Sims
(b) Address 919 E. Armour, Kansas City, Mo.
removal (b) Date thereof 12-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Davenport, Iowa

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-27-45 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 300 Benton Boulevard 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24th
year 1945 hour 11:55 minute P. M.
21. I hereby certify that I attended the deceased from for bout
24 hours to 19 45
that I last saw her alive on Dec 21
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration
Due to Chronic Perichymotax
Nephros 6 1/2 hrs
Due to Age
Other conditions Age
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1316
Of autopsy 1316
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) no
(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 J. Stephen Wal (M. D. or other) O
Address 4916 S Benton Date signed 12-27-45

Dr. Stephan
4918 So. Boulevard
- Wa 0764

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T.C. 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.