

S. No. 2
DM-5-43
V. 5-17-39
I X36671

FILED APR 29 1946
Registration District No. **119**

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:
307 Barat
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether)
 In this community 4 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 307 Barat 8
(If rural, give location)
 (e) Citizen of foreign country? no 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Gerry Wayne Jones
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race Wh 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 8/4/41
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 8 15 hr. min.

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation child

MOTHER FATHER

11. Industry or business --
 12. Name Wm. C. Jones
 13. Birthplace Van Buren, Ark.
(City, town, or county) (State or foreign country)
 14. Maiden name Anna May Waters
 15. Birthplace Van Buren, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. C. Jones
 (b) Address 307 Barat
 17. (a) ~~Burial~~ removal (b) Date thereof 4/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Van Buren, Ark.

18. (a) Signature of funeral director John P. Sheil
 (b) Address Kansas City, Mo.
 19. (a) 4-19-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 19
 year 1946 3 hour 25 minute A. M.
 21. I hereby certify that I attended the deceased from
Apr. 17, 1946 to Apr. 19, 1946
 that I last saw him alive on Apr. 19, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia 1 wk.
approx
 Duration

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 107
 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? _____

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature J. J. Corbett (M. D. or other) 2 D.O.
 Address 15902 St John Date signed 4/19/46

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..... *John P. Sheil*
Licensed Embalmer No. *3625*
P. O. Address..... *76640*

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.