

FILED MAY 20 1946
STANDARD CERTIFICATE OF DEATH

State File No. **16708**

Registrar's No. **2106**

Registration District No. **149**

Primary Registration District No. **1002**

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: 31st & Cleveland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 22 years (years, months or days)

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. 5611 Paloma **8**
(If rural, give location) **0**
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jennie May JANES

3. (b) If veteran, name war No 3. (c) Social Security No. 487-10-8228

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Harry Wm. Janes 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 23 1905
(Month) (Day) (Year)

8. AGE: Years 40 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation Machine Operator

11. Industry or business Styline Mfg Co., K. C., Mo

12. Name Thomas Harris

13. Birthplace McQueen County Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mabel Leonard Dutton

15. Birthplace Woodson County Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Wm. Janes

(b) Address 5611 Paloma, K. C., Mo.

17. (a) Burial (b) Date thereof 5-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Mt. Moriah

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 E. Linwood Blvd.

19. (a) 5-9-46 (b) Geraldine Holms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from London, 19 to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Skull Duration _____

Due to Crushed Skull

Due to Fractured Right Skull

Other conditions 1705-8
(Include pregnancy within 3 months of death)

Major findings: Of operations 1705-8

Of autopsy no 1705-8
Victory Inspector

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 5-6-46 **103**

(c) Where did injury occur? K.C. Jackson
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (e) Means of injury auto struck

Signature Jain Walker (M. D. or other)

Address 1424 24th St Date signed 5-7-46

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

15590

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.....

Licensed Embalmer No.....

P. O. Address.....

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.