

No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 27 1946
149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2180

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:
1000 Lydia Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 7 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. 1000 LYDIA AVENUE ⁸
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Helen Jones

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife MR. OLNER P. JONES

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased AUGUST 25 1898
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12th
year 1946 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from NOVEMBER 45
1945, to MAY 12 1946
that I last saw her alive on MAY 12 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>8</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death Cardiac & Respiratory failure

Due to Chronic Alcoholism

Due to coronary occlusion

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

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name TAVERNAUGH

{ 13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

{ 14. Maiden name "

{ 15. Birthplace "
(City, town, or county) (State or foreign country)

Major findings: Of operations 94a

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant OP Jones

(b) Address 800 Olive

17. (a) BURIAL (b) Date thereof MAY 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-15-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 Richard P. Shivers (M. D. or other) 8/14/46

Address 1000 Paseo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

15598

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.