U. S. No. 2
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No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20337

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 2573

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: Wheatley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 Days (Specify whether years, months or days)

In this community: 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 49

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1823 East 16th St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Anna Lee Jones

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 3

5. Color or race: Negro

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

6. (b) Name of husband or wife: Louis Jones

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: June 28, 1904 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	11	11	hr. min.

9. Birthplace: Fayette, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Leonard Stapleton
13. Birthplace: Fayette (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Sally Powell
15. Birthplace: Fayette (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Louis Jones
(b) Address: 1823 East 16th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: Watkins Bros
(b) Address: 1729 Lydia Avenue

19. (a) 6-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 6-3-46, 46, to 6-9, 46, that I last saw he alive on 6-9, 46, and that death occurred on the date and hour stated above.

Immediate cause of death: Subarachnoid Hemorrhage — Duration

Due to:

Due to:

Other conditions: Arterio Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 8 30

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: C W Oldham M.D.
Address: 15, 2 N S C.K. Date signed: 6/10/46

(Licensed Embalmer's Statement on Reverse Side)

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

19210

Dr. [illegible]

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 Lawrence A. Jones, Registered Apprentice No. 378, working under my personal supervision.

Signed I. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.