

S. No. 2
DM-5-43
v. 5-17-39
X 336671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33623**
Registrar's No. **4482**

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **7 DAYS** (Specify whether
In this community **17 YRS.** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY** (If outside city or town limits, write "RURAL")
(d) Street No. **2816 BELL** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EMMA STORY JONES**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **OCTOBER** day **23**, year **1946** hour **10**: minute **20** A. M.
21. I hereby certify that I attended the deceased from **OCTOBER 16**, 19**46**, to **OCTOBER 23**, 19**46**; that I last saw him **ER** alive on **OCTOBER 23**, 19**46**; and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **Arthur Jones**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **MARCH 7, 1887**
(Month) (Day) (Year)

Immediate cause of death **DIABETIC ACCIDENT**
Due to **DIABETES MILLITUS**

8. AGE: Years Months Days If less than one day
59 7 16 hr. min.

Other conditions **H.H.D.**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace **CHAMBERS COUNTY ALABAMA**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**
11. Industry or business _____
12. Name **OLIVER TUCKER**
13. Birthplace **S. CAROLINA**
(City, town, or county) (State or foreign country)
14. Maiden name **MARGARET BURTON**
15. Birthplace **ALABAMA**
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant **Edward P. Bennett**
(b) Address **2227 E. 12th Ave**
17. (a) **Burial** (b) Date thereof **Oct. 26 / 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Spring Cemetery**
18. (a) Signature of funeral director **Walter Bros.**
(b) Address **1729 Julia Ave**
19. (a) **10-25-46** (b) **Margaret Holme**
(Date received local registrar) (Registrar's signature)

23. Signature **Frank Jones** (M. D. or other **M.D.**)
Address **GENERAL HOSPITAL NO. 2** Date signed **10/24/46**

(Licensed Embalmer's Statement on Reverse Side)

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

32451

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.....

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.