

FILED DEC 19 1946
Registration District No. 199

Primary Registration District No. 1002

State File No. _____

Registrar's No. 5106

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:
1320 Tracy 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 15 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME CARY JONES

3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nora Jones 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Cary Jones
13. Birthplace Leann (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nora Jones
(b) Address 1320 Tracy Avenue

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

18. (a) Signature of funeral director H. B. Moore
(b) Address 1920 E. 18th St

19. (a) 12-5-46 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 Tracy Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1st year 1946 hour 6 minute 20 M.

21. I hereby certify that I attended the deceased from July 18 to Dec 1st 1946
that I last saw him alive on Dec 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart disease Duration _____

Due to _____

Due to _____

Other conditions chronic interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings of operations 131a

Of autopsy _____

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 D

23. Signature L V Miller (M. D. or other)
Address Mo Date signed _____

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

MOTHER FATHER

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 J. B. Moore

Licensed Embalmer No. 2410

P. O. Address 1870 East 18th

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.