

FILED MAR 21 1947  
Registration District No. 134

Primary Registration District No. 5575

Registrar's No. 10

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
87th. & Raytown Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 Years (Specify whether  
In this community 21 Years  
years, months or days)

3. (a) PRINT FULL NAME MRS. MARGARET BELLE 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 K. Laurence Jones  
6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased April 26th. 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 10 8 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Elmer E. Sherar  
13. Birthplace Paola Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Seaver  
15. Birthplace Hillsdale Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. K. Laurence Jones  
(b) Address 87th. & Raytown Road

17. (a) Burial (b) Date thereof 3 - 8 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel  
(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 3/7/1947 (b) Dr. Anne B. Hodges  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 87th. & Raytown Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th.  
year 1947 hour 2:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
Mar 5<sup>th</sup> 1947 to Mar 6 1947  
that I last saw h. alive on 1 am 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Central  
Heart  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: no opn 43P  
Of operations \_\_\_\_\_  
Of autopsy no

Duration  
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) no injury  
(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)  
(c) Means of injury \_\_\_\_\_

23. Signature K. P. Jones (M. D. or other) \_\_\_\_\_  
Address 309 W. 16th Date signed \_\_\_\_\_

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

KC MO

1961 v 847

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 Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Hanson 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.

201-50  
4342 J n 0007

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