S. No. 2
M—12-45
V. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13509

Registration District No. 1479 Primary Registration District No. 1002 Registrar's No. 1760

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 24 DAYS (Specify whether years, months or days)
In this community 30 YRS.

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. 3007 BENTON PLAZA 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME EMMETT JONES
3. (b) If veteran, name war No
3. (c) Social Security No. 487-16-2360
4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY M. JONES
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased DECEMBER (Month) 26, (Day) 1893 (Year)
8. AGE: Years 53 Months 3 Days 21 If less than one day hr. min.
9. Birthplace PLEASANT HILL (City, town, or county) LOUISIANA (State or foreign country)
10. Usual occupation LABORER
11. Industry or business
FATHER 12. Name GEORGE JONES
FATHER 13. Birthplace (City, town, or county) LOUISIANA (State or foreign country)
MOTHER 14. Maiden name KATHERINE Eaton
MOTHER 15. Birthplace (City, town, or county) LOUISIANA (State or foreign country)
16. (a) Informant LEONA WILLIAMS (SISTER)
(b) Address 3007 BENTON PLAZA
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Prospect Avenue
19. (a) 4-18-47 (Date received by local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 17, year 1947 hour 2: minute 25 A. M.
21. I hereby certify that I attended the deceased from MARCH 24, 1947 to APRIL 17, 1947; that I last saw him alive on APRIL 17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death UREMIA	
Due to ARTERIO-NEPHROSCLEROSIS	
Due to GENERALIZED ARTERIOSCLEROSIS	
Other conditions HYPERTENSIVE HEART DISEASE (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1310
Of autopsy

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 0
23. Signature [signature] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 4/17/47

(Licensed Embalmer's Statement on Reverse Side)

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. Jerome Marlowe

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.