

FILED AUG 7 1947  
Registration District No.

Primary Registration District No. 1002

State File No. 3059  
Registrar's No.

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:  
428 So HARDESTY /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 52 YEARS (Specify whether years, months or days)  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON #8  
(c) City or town KANSAS CITY #3  
(If outside city or town limits, write "RURAL") #8  
(d) Street No. 428 So HARDESTY #0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MRS. LIZZIE LEE JONES

(b) If veteran, name war No  
(c) Social Security No. NAME

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
(b) Name of husband or wife FLETCHER  
(c) Age of husband or wife if alive years  
LINCOLN JONES  
7. Birth date of deceased OCTOBER 31 1865  
(Month) (Day) (Year)

8. AGE: Years 81 82 Months 83 Days 12 18  
If less than one day hr. min.

9. Birthplace NEW BERLIN ILLINOIS /  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name JOHN LEE  
13. Birthplace VIRGINIA /  
(City, town, or county) (State or foreign country)  
14. Maiden name ANN MARIE BEACROFT  
15. Birthplace VIRGINIA /  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Richard Jones  
(b) Address 428 S. Hardesty  
17. (a) CREMATION (b) Date thereof 7-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation D.W. NEWCOMB'S SONS  
18. (a) Signature of funeral director D.W. Newcomb  
(b) Address 1401 BRUSH CREEK BLVD. KC. MO

19. (a) 7-21-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 T.H.  
year 1947 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 4, 19 to July 18, 1947  
that I last saw him alive on July 18, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 10 days  
Duration

Due to Atherosclerosis 7

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 8/20  
Of autopsy  
PHYSICIAN Underline the cause of 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?  
While at work? (Specify type of place) (e) Means of injury 0  
23. Signature R. McWilliams M. D. or other  
Address 5400 So John Ave Date signed 7/19/47  
R.C. CO

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

MOTHER FATHER

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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.....

*Melvin Miller*

Licensed Embalmer No. *4407*

P. O. Address *Kansas City 3, 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.