

No. 2
-1/47
5-17-39

FILED NOV 8 1947 149
Registration District No. _____

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:
3307 Paseo /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 41 years
years, months or days)

3. (a) PRINT FULL NAME Naomi M. 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 widow
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: July 13, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>17</u>	hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation at home

11. Industry or business _____
12. Name Anthony Dailey
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ann Clayton
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera Suor
(b) Address 3307 Paseo
17. (a) removal (b) Date thereof 10-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Mo.
18. (a) Signature of funeral director Stine & Mc Clure
(b) Address 3235 Gillham Plaza
19. (a) 10-31-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Lexington
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 30
year 1947 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from July
_____, 1941 to Oct. 30, 1947
that I last saw her alive on Oct. 30, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
chronic myocarditis 4 yrs.
Due to cerebral hemorrhage 6 yrs.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature H. S. Prentiss (M. D. or other)
Address 900 Reacts Bldg. Date signed 10/31/47

WRITE PLAINLY—USING 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

10. Usual occupation at home,

11. Industry or business X

MOTHER { 12. Name Anthony Dailey

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Ann Clayton

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera Suor

(b) Address 3307 Paseo, Kansas City, Mo.

17. (a) removal (b) Date thereof 10-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 10-31-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury

23. Signature H. S. Stenters (M. D. or other)

Address 900 Revere Bldg Date signed 10/31/47

(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. Blair Shuppard

Licensed Embalmer No. *4179*

P. O. Address *K.C. 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.