No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38238

Registrar's No. 4713

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: 3335 Troost Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 59 years ~~[illegible]~~ known
years, months or days)

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.: 3335 Troost Avenue 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: n

3. (a) PRINT FULL NAME: Hugh W. JONES

3. (b) If veteran, name war: none

3. (c) Social Security No. none

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Grace Jones

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: January (Month) 25, (Day) 1879 (Year)

8. AGE: Years 68 | Months 9 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: Tuscaloosa, (City, town, or county) Alabama (State or foreign country)

10. Usual occupation: Retired Clerk

11. Industry or business: Frisco Railroad

12. Name: Enoch Jones

13. Birthplace: Unknown (City, town, or county) England (State or foreign country)

14. Maiden name: Jean Watson

15. Birthplace: Pekin (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mrs. Grace Jones
(b) Address: 3335 Troost, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cem.

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 11-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Cause of death 1-15-48 1-14-48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th
year 1947 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from 7/12/47 11/9 1947 to 11/9 1947 that I last saw him alive on Nov 6 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage	
Due to: Carcinoma Sigmoid	2 yr
Due to:	
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 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: Steber Stilson (M. D. or other) DO
Address: 210 Independence Date signed 11/9/47

(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 Thomas J. Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed J. H. Ryan

Licensed Embalmer No. 2999

P. O. Address KC

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No. 4713

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24th day of November, 1947, before me appears Grace Jones, who, upon her oath, states that the original record of ~~birth~~ death for Hugh W. Jones, ~~born~~ died Nov. 9, 1947, in the State of Missouri, and which was filed at Kansas City on 11-11-, 1947, should be corrected as follows:

Item No. 1(d) should read 59 years

Instead of unknown

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Grace Jones
Relationship Wife

3395 Troost Ave.
Present Address.

Subscribed and sworn to before me this 24 day of November, 1947

My Commission expires Oct. 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
Revised 8-43
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