S. No. 2
d—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38239
Registrar's No. 4798

Registration District No. 749
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: 5716 CENTRAL STREET (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 32 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No. 5716 CENTRAL STREET (If rural, give location) 8
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ------ 0

3. (a) PRINT FULL NAME: MR. WILLIAM LEON JONES
3. (b) If veteran, name war: NO
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: MRS. BESSIE JONES
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: JUNE (Month) 23 (Day) 1883 (Year)

8. AGE: Years 64 | Months 4 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: SHERMAN (City, town, or county) TEXAS (State or foreign country)
10. Usual occupation: OWNER
11. Industry or business: JONES MORTGAGE COMPANY
FATHER
12. Name: ROBERT JONES 0
13. Birthplace: (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: (City, town, or county) " (State or foreign country) 0
16. (a) Informant: MRS W L JONES
(b) Address: 5716 CENTRAL
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-17-1947 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY
18. (a) Signature of funeral director: D. N. Newcomer Jr.
(b) Address: 1401-BRUSH CREEK BLVD.
19. (a) 11-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 15TH year 1947 hour 4 minute 00 P. M.
21. I hereby certify that I attended the deceased from Pathologist, 19....;
that I last saw h... alive on ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hodgkins Disease	
~~Due to~~ of Liver, Lungs,	
~~Due to~~ heart, spleen &	
Lymph Nodes & bones.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 1/14/48
Of autopsy: Confirm.

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 0
23. Signature: C. C. H. Schmid (M. D. or ~~other~~)
Address: St Luke's Hospital Date signed: 16 Nov 1947

Jefferson City Printing Co.
(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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C. 2, 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.