S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 27 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8264
Registrar's No. 1213

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 #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 719 E. 13th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MABEL JONES None
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: Widowed
6. (b) Name of husband or wife: Clyde E. Jones
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. 3, 1886 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	5	13	hr. min.

9. Birthplace: Hamburg, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: House Work
11. Industry or business: Her Self
FATHER
12. Name: James M. Million
13. Birthplace: Unknown, Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Cannon
15. Birthplace: Unknown, Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ella Van Fleet
(b) Address: 32 N. 12 St. K.C. Kansas
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 3/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park K.C. Kans.
18. (a) Signature of funeral director: Eckternacht FUNERAL HOME
(b) Address: 1900 Central Ave. K.C. Kansas
19. (a) 3-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 16 year: 1948 hour: 4 minute: P.M.
21. I hereby certify that I attended the deceased from 3-9, 1948 to 3-16, 1948 that I last saw her alive on 3-16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of liver	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 24 hr	
Of autopsy: As above	

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)
(e) Did injury occur in course of work? (e) Means of injury: 0
23. Signature: Wm. W. Hart (M. D. or other) M.D.
Address: K.C. General Hosp. Date signed: 3/16/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAY 25 1948

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 Harold L. Echternacht

Licensed Embalmer No. 3035

P. O. Address 1900 Central Av

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.

K. C. Kansas.