

Registration District No. **179**

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: **St Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Hrs.**
In this community **40 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jonas S. Books**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **495-05-0679**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Frances Books**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **January 25 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 2 9 hr. min.

9. Birthplace **Holden, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business

12. Name **Samuel C. Books**
13. Birthplace **Pennsylvania**
14. Maiden name **Ellen D. Benson**
15. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frances Books**
(b) Address **3345 Montgall**

17. (a) **Burial** (b) Date thereof **4/7/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director: **Freeman Mortuary**
(b) Address **Kansas City, Missouri**

19. (a) **4-5-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **3345 Montgall**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4th**
year **1948** hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage
Hypertension
Due to _____
Due to _____

Other conditions (Include previous condition within 3 months of death)

Major findings Of operations **Deputy Coroner**

Of autopsy **See Above**

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) _____ means of injury _____

23. Signature **A. E. Upsher** (M. D. or other) **M.D.**
Address **2800 Main** Date **4/5/48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18
3
8

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 Olmu C. Wedekin

Licensed Embalmer No. 3495-

P. O. Address H. C. 7mo

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.