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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12663

Registrar's No. 1702

18
3
8

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

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 No. 1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 17 days (Specify whether
In this community 20 yrs
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. 1512 White 8
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Howard Jones

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Martha E Jones

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

7. Birth date of deceased 6 (Month) 7 (Day) 1880 (Year)

8. AGE: Years 67 ~~66~~ Months 10 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) Pa (State or foreign country) 1

10. Usual occupation Machinist

11. Industry or business Retired

FATHER
12. Name Wm S. Jones
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Jennie Murphy
(b) Address 1512 White Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 19 48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Sheel Funeral Home
(b) Address R. C. Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1948 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb. 27, 1948, to April 17, 1948
that I last saw him alive on April 17, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of prostate with liver metastases	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 51	

Major findings:
Of operations

Of autopsy See above

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 Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 4-17-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Williams

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. P. Sheil

Licensed Embalmer No. 3625

P. O. Address KC 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.