

FILED APR 17 1948

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1528**

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

48
3
8

1. PLACE OF DEATH: JACKSON

(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. 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 DAYS**
(Specify whether years, months or days)

In this community **5 YRS.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **LUCINDA JONES**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **None**

4. Sex **FEMALE** 3

5. Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **Deceased ink.**

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

7. Birth date of deceased **March 6, 1882**
(Month) (Day) (Year)

8. AGE: Years **66** Months **2** Days **27** If less than one day hr. min.

9. Birthplace **NASHVILLE TENNESSEE**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business **HOME**

12. Name **UNKNOWN** 9

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **PEARL CHENAULT (GRAND-DAUGHTER)**

(b) Address **1418 HIGHLAND**

17. (a) **Burial** (b) Date thereof **4/7/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cem.**

18. (a) Signature of funeral director **Edna Dean**

(b) Address **1513 T. Road Ave.**

19. (a) **4-7-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **1418 HIGHLAND** 8
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **3**, year **1948** hour **4:** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **APRIL 1, 1948** to **APRIL 3, 1948**; that I last saw her alive on **APRIL 3, 1948**; and that death occurred on the date and hour stated above.

Immediate cause of death **CEREBRAL VASCULAR ACCIDENT**

Due to **HYPERTENSIVE TYPE OF HEART DISEASE**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93 d**

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?

While at work (Specify type of place) (a) Signs of injury

23. Signature **[Signature]** M.D. **[Signature]** M.D.

Address **GENERAL HOSPITAL NO. 2** Date signed **4/3/48**

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.....

W. L. Davis

Licensed Embalmer No. *4417*

P. O. Address *H. C. Mc-*

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.