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 SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29829

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3557

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: 3015 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 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")
(d) Street No. 3015 Paseo
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katherine H Jones
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Jones
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May (Month) 21 (Day) 1895 (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	3	9	hr. min.

9. Birthplace St Joseph Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name Ben Lawton
13. Birthplace Unknown - Denmark (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown.
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Fred G. Jones
(b) Address 3015 Paseo. K.C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Mo.
18. (a) Signature of funeral director Earl A Clark
(b) Address 120 Illinois Ave. St. Joseph Mo.
19. (a) 8-31-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1948 hour 9 minute 20 P.M.
21. I hereby certify that I attended the deceased from Dec. 1946 to Aug. 30 1948
that I last saw her alive on Aug. 2 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Coronary Sclerosis	2 years
Due to Hypertension	2 years
Angina Pectoris	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy

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

23. Signature H. P. Boughman (M. D. or other)
Address K.C. 2. Mo. Date signed 8/31/48

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 Emma a clark

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.