

No. 300
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PI 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36648**
Registrar's No. **4446**

Registration District No. **149**

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 DAYS**
(Specify whether
In this community **50 YRS.**
years, months or days)

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. **1816 Woodland**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME **BERNICE JONES**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **FEMALE** 3 5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive **unk** years
7. Birth date of deceased **JUNE 10, 1898**
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 17 If less than one day
hr. min.

9. Birthplace **KANSAS CITY** **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **MAID**

11. Industry or business

12. Name **JOE SHEPHERD**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **EMMA CALDWELL (FRIEND)**

(b) Address **1816 WOODLAND**

17. (a) **Burial** (b) Date thereof **11-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Seeds**

18. (a) Signature of funeral director **H. B. Moore**

(b) Address **H - Co. Mo.**

19. (a) **11-1-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **AUGUST** day **27,**
year **1948** hour **4:** minute **05 P.M.**
21. I hereby certify that I attended the deceased from **JULY**
23, **1948** to **AUGUST 27,** **1948;**
that I last saw **ER** alive on **AUGUST 27,** **1948;**
and that death occurred on the date and hour stated above.
Immediate cause of death **CARCINOMA OF UTERUS** Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) **48 hr**

Major findings:
Of operations
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) **E. Frank Ellis**
(c) Means of injury

23. Signature **Frank Ellis** (M. D. or other)

Address **GENERAL HOSPITAL NO. 2** Date signed **8/28/48**

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

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

H. B. Moore

Licensed Embalmer No.

2440

P. O. Address.

1820 E 18 st

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.