No. 300
I—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36649

FILED DEC 4 1948

Registration District No. 1419

Primary Registration District No. 1002

Registrar's No. 4629

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 #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days)
In this community 5 Years

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.: 730 Campbell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Albert Jones
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: Unk
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: December 25, 1909 (Month) (Day) (Year)
8. AGE: Years 38 Months 10 Days 11 If less than one day ____ hr. ____ min.
9. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business
12. FATHER Name: Cooper Jones
13. FATHER Birthplace: New Orleans, Louisiana (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Emma Hughes
15. MOTHER Birthplace: Birmingham, Alabama (City, town, or county) (State or foreign country)
16. (a) Informant: Virginia Lee Garnett
(b) Address: 1416 Forest
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Warren Bud
(b) Address: 1729 Lydia Avenue
19. (a) 11-12-48 (Date received local registrar) (b) Geraldine Helms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th year 1948 hour 8 minute P M.
21. I hereby certify that I attended the deceased from Deceased 19 to Dec 19, that I last saw h alive on 19, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock	
Due to: Internal Hemorrhage	
Due to: Gun Shot Wound - Right Shoulder & Lung	
Other conditions (Include pregnancy within 3 months of death): 1106	
Major findings: Of operations	
Of autopsy: Same as 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): Homicide
(b) Date of occurrence: 11-6-48
(c) Where did injury occur? K.C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - 18th & Troost (Specify type of place)
While at work? J. R. Williams (e) Means of injury: Gun Shot
23. Signature: J. Williams (M. D. or other)
Address: 9636 Brookfield Date signed 11-12-48

(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 L. Jerome Maplowe

Licensed Embalmer No. 3994

P. O. Address 3503 Highland

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.