S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40203

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5167

WRITE PLAINLY—USING 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: Wheatley O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1617 E 22nd St Ter. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Pearl Jones
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fe 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jacob Jones
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased unknown (Month) (Day) 1884 (Year)

8. AGE: Years 64 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Bonham (City, town, or county) Texas (State or foreign country)
10. Usual occupation House Work
11. Industry or business
FATHER
12. Name Cage Smith
13. Birthplace (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name Emaline Smith
15. Birthplace (City, town, or county) Texas (State or foreign country)
16. (a) Informant Ernstine Merritt
(b) Address 1617 E. 22nd St. Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director Fannie L. Meek
(b) Address 1108 E. 18th St. A. C. Mo.
19. (a) 12-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1948 hour 2:00 minute P M.
21. I hereby certify that I attended the deceased from 12-9-48, 1948, to Dec 16, 1948, that I last saw her alive on Dec 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93.0

Major findings of operations

Of autopsy

Duration

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 J. M. Walden J. M. Walden (M. D. or other)
Address 1738 Troost Date signed 12/18/48

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 Maynard C. Williams, Registered Apprentice No. 15, working under my personal supervision.

Signed Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City, 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.