

S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40204**
Registrar's No. **5067**

FILED DEC 29 1948
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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:
GENERAL HOSPITAL # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 das, 2 hrs, 15 mins**
(Specify whether years, months or days)

In this community **64 years**
(Specify whether years, months or days)

3: (a) PRINT FULL NAME **FRANK JONES**

3: (b) If veteran, name war **no**

3: (c) Social Security No. **none**

4. Sex **MALE** 2

5. Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **WIDOWED** 2

6. (b) Name of husband or wife **unknown**

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

7. Birth date of deceased **SEPTEMBER 2nd 1883**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	3	4	hr. min.

9. Birthplace **SALINE COUNTY, MISSOURI** 11
(City, town, or county) (State or foreign country)

10. Usual occupation **DAY LABORER**

11. Industry or business

MOTHER FATHER

12. Name **GEORGE JONES** 9

13. Birthplace **UNKNOWN** 1
(City, town, or county) (State or foreign country)

14. Maiden name **RACHEL** ?

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

16. (a) Informant **Friend: John Reed**

(b) Address **2114 Charlotte**

17. (a) **Burial** (b) Date thereof **12-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lead St. P.**

18. (a) Signature of funeral director **Wm A. Holmes**

(b) Address **City**

19. (a) **12-13-48** (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") 5

(d) Street No. **2114 CHARLOTTE**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **6th**
year **1948** hour **2:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **NOVEMBER 28th 1948 to DECEMBER 6th 1948**
that I last saw him alive on **DECEMBER 6th 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death

1. **EMPIEMA (LEFT) with LEFT FIBRINOUS PLEURISY.**

~~2. ATALECTASIS OF THE LUNGS (BI-LATERAL)~~

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **1100**

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)

(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) Means of injury **E. Frank Ellis**
(M. D. or other)

23. Signature **E. Frank Ellis**
Address **600 East 22nd St.** Date signed **12/6/48**

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wm A Johnson

Licensed Embalmer No. *3089*

P. O. Address. *TC 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.