

FILED APR 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8465
1165

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 4 mo.		d. STREET ADDRESS (If rural, give location) 1530 Park	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1530 Park			

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) Jones	c. (Last) Jones	4. DATE OF DEATH (Month) (Day) (Year) Mar. 8 1949
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5. SEX Fe 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.	8. DATE OF BIRTH Jan. 10 1905	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 15 MINS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Yazoo, Miss.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Howard Ingram	13b. MOTHER'S MAIDEN NAME Eliza Hill	14. NAME OF HUSBAND OR WIFE Elisha Jones
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 338-22-1884	17. INFORMANT'S SIGNATURE OR NAME Lucy Nicks sister 1530 Park
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Nephritis DUE TO (c) Chronic Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. above 592X		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Febr. 4, 1949, to March 8, 1949, that I last saw the deceased alive on March 8, 1949, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE George H. Taft (Degree or title) George H. Taft, M.D.	23b. ADDRESS 2204 E. 18th st	23c. DATE SIGNED 3/9/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 16 49	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 3-14-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adkins Bros. Funeral Home K. C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

C. Kenneth Kerford

Licensed Embalmer No. *4437*

P. O. Address.....

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.