

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19618
2554

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Providence</u>		d. STREET ADDRESS (If rural, give location) <u>2718 Norton</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) Rosie b. (Middle) Jones c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) June 10, 1949

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH July 22, 1985 9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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) Shreveport, Louisiana 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ervin Simpson 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Adolphus Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME Mable Lee ADDRESS 2718 Norton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Incisional Hernia 1 year
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5613

19a. DATE OF OPERATION 4-8-49 19b. MAJOR FINDINGS OF OPERATION Strangulated Hernia 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1949, to 6-10, 1949 that I last saw the deceased alive on 6-10, 1949 and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Arthur Hibbler (Degree or title) M.D. 23b. ADDRESS 2934 pine 23c. DATE SIGNED 6-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/13/49 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 6-13-49 REGISTRAR'S SIGNATURE Staldine Holman 25. FUNERAL DIRECTOR'S SIGNATURE Wesley Knox ADDRESS 1729 Lydia

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. 327

working under my personal supervision.

Student Wester Lilly
Student Embalmer

Signed Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 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.