

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30361

3691

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3691	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY		JACKSON		a. STATE		MO (COUNTY) (CANTON) 10	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN)		KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		SLATER 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION		Research Hosp		d. STREET ADDRESS (If rural, give location)		X 0	
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First)		b. (Middle)		c. (Last)		Date (Month) (Day) (Year)	
Viola		M.		Jones		Aug. 26 '49	
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
F /	W	never married		1-3-1885		67 7 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Retired		-		Missouri		U.S.A.	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
Melvin Jones			Lucy Kate Hawkins			-	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
No		No		Mr. J. Jones K.C. Mo			
18. CAUSE OF DEATH							
Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach							
INTERVAL BETWEEN ONSET AND DEATH 6 months ±							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES with metastases to lungs, heart, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) liver, gall bladder, kidneys							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. Anasarca, gen. peritonitis, ulceration of small bowel							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
		mucosa					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-16, 1949 to 8-26, 1949 that I last saw the deceased alive on 8-26, 1949 and that death occurred at 12:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE C. J. HURT (Degree or title)				23b. ADDRESS K. C. Mo		23c. DATE SIGNED 8-26-49	
24a. BURIALS CREMATION, REMOVAL (Specify)		24b. DATE 8/27/49		24c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery		24d. LOCATION (City, town, or county) (State) Slater Mo	
DATE REC'D BY LOCAL REG. 8-17-49		REGISTRAR'S SIGNATURE M. D. Holmes		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) S. H. FUNKER 1105 K. C. Mo			

(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.

Signed John P. Shiel.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 36257.....

P. O. Address K.C. 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.**