

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37340**
4740

No. 300
10.48

BIRTH NO. **72531-49** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4740**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Jackson		a. STATE Kansas b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Pomona Kans	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital			

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) James	b. (Middle) L.	c. (Last) Jones	(Month) Nov	(Day) 7	(Year) 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov-6-1949	9. AGE (In years last birthday) -	IF UNDER 1 YEAR (Months) -	IF UNDER 12 HRS. (Days) -	IF UNDER 12 HRS. (Hours) 21	IF UNDER 12 HRS. (Min.) 51
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant.	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME G. W. Jones	13b. MOTHER'S MAIDEN NAME Ida Milton	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS	ADDRESS K. C. Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 1 hr 30 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Prematurity		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			76 25

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Nov 6, 1949, to Nov 7, 1949, that I last saw the deceased alive on Nov 7, 1949, and that death occurred at 3:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE R. A. Murren (Degree or title) D.O.	23b. ADDRESS 510-12 1/2 Walnut St Bldg	23c. DATE SIGNED 11-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Nov-8-1949	24c. NAME OF CEMETERY OR GREMATORY WOODLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) POMONA, KANSAS
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DATE REC'D BY LOCAL REG. 11-8-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer	ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11240

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 *John E. Fraking*

Licensed Embalmer No. *4483*

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.