

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41159**

FILED DEC 17 1949

Registrar's No. **5213**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5213</b>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>About 2 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>2209 E. 30th. St.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2209 E. 30th. St.</b>				d. STREET ADDRESS (If rural, give location) <b>2209 E. 30th. St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jennie</b>		b. (Middle) <b>V.</b>		c. (Last) <b>Jones</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 7, 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 25, 1894</b>		9. AGE (In years last birthday) <b>55</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Allen Farm, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Amos Haynes</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Hezakiah Jones</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ella Rhea Bilton 2209 E. 30th.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Hypertension &amp; Heart disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension &amp; Heart disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>11-30-49 to 12-7-49</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443K</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 <b>11-30-1949</b> , to <b>12-7-1949</b> , that I last saw the deceased alive on <b>12-7-1949</b> , and that death occurred at <b>5:05 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>E. J. Marshall</b> (Degree or title)				23b. ADDRESS <b>M.W.D. 2206 1/2 E 18 St. K.C. Mo</b>		23c. DATE SIGNED <b>12-8-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/9/49</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Temple, Texas</b>		
DATE REC'D BY LOCAL REG. <b>12-9-49</b>		REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Sterling Bilton</b>		ADDRESS <b>1212 Vine St.</b>		

WRITE PLAINLY—USING UNFAADING 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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed

*E. Sterling Bill*

Licensed Embalmer No. 73178

P. O. Address 1212 Vine St., Kansas C

**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.