

FILED MAY 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16806

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2135

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 2 years		d. STREET ADDRESS (If rural, give location) 3029 1/2 Southwest Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, 3029 1/2 Southwest Blvd.			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Raymond c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) May 8 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH April 28, 1895		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Universal Mfg. Co.		11. BIRTHPLACE (State or foreign country) Valley Falls, Kansas		
				12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME Lyman Jones		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary C. Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mary C. Jones, 3029 1/2 S.W. Blvd. K.C. Mo.	

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) acute myocardial failure acute coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 March 30, 1950 to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE S. J. Thom, M.D.		23b. ADDRESS 722 S W Blvd		23c. DATE SIGNED 5-9-50	
24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL		24b. DATE MAY 8, 1950		24c. NAME OF CEMETERY OR CREMATORY —	
				24d. LOCATION (City, town, or county) (State) Kansas City Mo.	

DATE REC'D BY LOCAL REG. 5-9-50		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE Geo. W. Long		ADDRESS K.C. Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 26 1960

S. T. W. H.
1722 S.W. Blvd.

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.

Signed Ray E. Ross

Signed.....
Student Embalmer

Licensed Embalmer No. 4779

P. O. Address 703 N. 10. N.C. R.

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.