

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20289

State File No. _____

2533

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2533</u>			
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 township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1205 Troost Ave</u>		d. STREET ADDRESS (If rural, give location) <u>Kansas City 3169</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Marion</u> b. (Middle) _____ c. (Last) <u>Jones</u>					
4. DATE OF DEATH (Month) <u>6</u> (Day) <u>3</u> (Year) <u>50</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>			
8. DATE OF BIRTH <u>May 15 1900</u>		9. AGE (In years last birthday) <u>50</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxi Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H.B.C. Cab Co.</u>			
11. BIRTHPLACE (State or foreign country) <u>Gallatin, Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Evelyn Jones</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (in reserve)) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W. II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Jones</u> ADDRESS <u>Same</u>			
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) <u>Arteriolar nephrosclerosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>446X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) _____ (Minute) _____			
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 <u>June 3</u> , 19 <u>50</u> , to <u>June 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 3</u> , 19 <u>50</u> , and that death occurred at <u>8:15 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) _____				23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>6-5-50</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kan.</u>			
DATE REC'D BY LOCAL REG. <u>6-7-50</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>W. Lee Curtis</u> ADDRESS <u>K.C., Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. [unclear]

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

Blaine E. Winkler

Licensed Embalmer No. *4075*

P. O. Address *K1118, 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.