

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30498  
4030

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1001		Registrar's No. 4030	
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) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3048	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS (If rural, give location) 1208 West 59th Street 206			
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA		b. (Middle) M.		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1950	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 5, 1883		9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Leavenworth, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gustave Anton Mayer		13b. MOTHER'S MAIDEN NAME Louise Hoffman		14. NAME OF HUSBAND OR WIFE Cary W. Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Morton M. Jones, 729 E. 10th St., KC, 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.		<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Coronary thrombosis</b></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Previous Coronary</b></p> <p>DUE TO (c) <b>Coronary Arteriosclerosis</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><b>None.</b></p>					
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? <input type="checkbox"/> <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>			
22. I hereby certify that I attended the deceased from <b>9-21</b> , 19 <b>50</b> , to <b>11/21</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>9-21</b> , 19 <b>50</b> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J. V. Ball				23b. ADDRESS <b>709 Plaza Park Dr. No. 203</b>		23c. DATE SIGNED <b>9-23-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>buried</b>		24b. DATE <b>9-26-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cem</b>		24d. LOCATION (City, town, or county) (State) <b>N. C. Mo.</b>	
DATE RECD BY LOCAL REG. <b>9-23-50</b>		REGISTRAR'S SIGNATURE <b>M. Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE, Kansas City, Mo.</b>			

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

Dr J. V. Bell  
411 Alameda Rd

209-11

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 110 7th St

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.