

FILED SEP 16 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30499

3739

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No. <u>3739</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>MISSOURI</u> COUNTY <u>JACKSON</u>				
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>21 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1301 Forest Avenue</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				d. STREET ADDRESS (If rural, give location) <u>1301 Forest Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>FRANCIS</u>		c. (Last) <u>W. JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 27 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPTEMBER 12 1905</u>	9. AGE (In years last birthday) <u>44</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LA BORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WACO, TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>EDWARD JONES</u>			13b. MOTHER'S MAIDEN NAME <u>DAISY Perry</u>		14. NAME OF HUSBAND OR WIFE <u>GLADYS JONES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-14-9402</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GLADYS JONES 1301 Forest Avenue</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTRACRANIAL HEMORRHAGE</u>				DUE TO (b) <u>CEREBRAL BLEEDING</u>				3314
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>HYPERTENSION (MALIGNANT)</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>8-26</u> , 19 <u>50</u> to <u>8-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-27</u> , 19 <u>50</u> , and that death occurred at <u>6:20A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank Ellis</u> (Degree or title) <u>E. Ellis, M.D.</u>				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>8-28-50</u>		
24a. BURIAL OR CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>9-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>9-2-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MRS. J. W. JONES; 440 State; K. C. Kans.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

Signed.....
Student Embalmer

Signed *Eugene English*.....

Licensed Embalmer No. *4105*.....

P. O. Address *440 State and*.....
N. E. Road

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.