

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40797

State File No. 5252

FILED JAN 3 1951

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|--|--|---|--|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 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 town) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>44 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>3919 Forest</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3919 Forest</u> | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>L.</u> c. (Last) <u>JONES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1950</u> | | | | | |
| 5. SEX <u>M</u> <u>0</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 22, 1877</u> | | |
| 9. AGE (In years last birthday) <u>72</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Theodore C. Jones</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mollie Steele</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Winifred Reid Jones</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Harry L. Jones, 3919 Forest, K.C., Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous Coronary</u> DUE TO (c) <u>attack about 4 yrs ago</u> 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>4 hr</u> <u>4251</u> | |
| 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 <u>1930</u> to <u>Dec 13, 1950</u> , that I last saw the deceased alive on <u>Dec 13, 1950</u> , and that death occurred at <u>9 a.</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Wm. R. Jackson</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>1107 Burnant Bldg</u> | | 23c. DATE SIGNED <u>1/13/50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12/15/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-13-50</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Missouri</u> | | | | |

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

Dr. Wm. R. Jackson
Brigant Hotel
Dec 28 1848

True

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address R. C. Md

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.