

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1182
33

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 township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (If this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 2927 Garfield</u>				d. STREET ADDRESS (If rural, give location) <u>2927 Garfield</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>JONES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 21, 1907</u>	
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 yrs. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. J. Leahy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Foley</u>		14. NAME OF HUSBAND OR WIFE <u>Evan A. Jones,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Evan A. Jones, 2927 Garfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FR Rheumatic Heart</u> DUE TO (c) <u>Mitral + Aortic Lesion</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>6 months</u> <u>20 yr</u> <u>20 yr</u>	
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) _____		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>Dec</u> , 19 <u>48</u> , to <u>1-3</u> , 19 <u>51</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>12-31</u> , 19 <u>50</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. M. Ketchum MD</u> (Degree or title)				23b. ADDRESS <u>KC Mo</u>		23c. DATE SIGNED <u>1-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>K.C., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-4-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>		ADDRESS <u>1800 Linwood, K.C. Mo</u>	

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

DR. HUNTER OR DR. KETCHAM

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.....

Max W. Kirkendall

Signed.....
Student Embalmer

Licensed Embalmer No. *4632*

P. O. Address. . . *F. C. 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.