

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1183

BIRTH NO. 165433-50 REG. DIST. NO. 149 PRIMARY REG. DIST. No 1002 Registrar's No. 322

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 3 Months		d. STREET ADDRESS (If rural, give location) 3905 East 24th. Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3905 East 24th. Street			

3. NAME OF DECEASED (Type or Print) a. (First) Philip b. (Middle) Richard c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) 1 26 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-3-1950
9. AGE (In years last birthday) Months Days Hours Min. - 3 23		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Kenneth Jones		13b. MOTHER'S MAIDEN NAME Nellie Venable	
14. NAME OF HUSBAND OR WIFE -----		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

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. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Kenneth Jones		ADDRESS 3905 East 24th. St.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coryza				4 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Internal Hydrocephalus and Spinal Sifida						1 day.	
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 Dec 1, 1950 to Jan 26, 1951, that I last saw the deceased alive on Jan 25, 1951 and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Thompson D.O.		23b. ADDRESS 3800 E 27, N.C. Mo		23c. DATE SIGNED 1-26-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-28-1951		24c. NAME OF CEMETERY OR CREMATORY Slater		24d. LOCATION (City, town, or county) (State) Slater, Missouri	
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DATE REC'D BY LOCAL REG. 1-26-51		REGISTRAR'S SIGNATURE Stalline Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster		ADDRESS Kansas City, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

2100
CIVILIAN
IP.M.

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

J. W. Herring
Licensed Embalmer No. 3599
P. O. Address K. 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.