

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23108**
3180

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>7900 Indian AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7900 MADISON AVENUE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>JONES, SR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July-23-1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>FEB-18-1898</u>	9. AGE (In years last birthday) <u>53</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERVISOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GAS SERVICE COMPANY</u>	11. BIRTHPLACE (State or foreign country) <u>Memphis Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>FRANKLIN P. JONES</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. ALICE JONES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLDWARI</u>	16. SOCIAL SECURITY NO. <u>487-10-793</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALICE JONES</u>	ADDRESS <u>7900 MADISON AVE. KANSAS CITY MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriolonephrosclerosis</u>	ANTECEDENT CAUSES		446x
DUPLICATE TO (b) _____	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUPLICATE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 1, 1951, to _____, 19____, that I last saw the deceased alive on 19 and that death occurred at 1215 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard C. Schaffer</u> (Degree or title)	23b. ADDRESS <u>St Luke Hospital</u>	23c. DATE SIGNED <u>7-23-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY-25-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>7-25-51</u>	REGISTRAR'S SIGNATURE <u>Erudine Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. V. Newcome's Sons</u>	ADDRESS <u>1331 Birch Creek Blvd. KANSAS CITY MO.</u>
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles H. Steinhilber

Licensed Embalmer No. 4570

P. O. Address 1111 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.