

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5078**
Registrar's No. **539**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **002**

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) 35 yrs		d. STREET ADDRESS (If rural, give location) 7407 Holmes	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7407 Holmes			

3. NAME OF DECEASED (Type or Print) a. (First) EDNA		b. (Middle) B.		c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 3, 1894		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Michigan		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph FitzJohn		13b. MOTHER'S MAIDEN NAME Anna Botsford		14. NAME OF HUSBAND OR WIFE Elwood N. Jones	
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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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Norman F. Jones, 6034 Harrison, KC Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho Sarcoma		INTERVAL BETWEEN ONSET AND DEATH 11 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized metastasis		

19a. DATE OF OPERATION Mar. 31, 1951		19b. MAJOR FINDINGS OF OPERATION Lympho Sarcoma pubis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **Mar 30, 1951**, to **Feb 2, 1952**, that I last saw the deceased alive on **Feb 2, 1952**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE OF E. K. Robinson (Degree or title)		23b. ADDRESS 1728 Professional Bldg.		23c. DATE SIGNED Feb. 4 '52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-5-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 2-4-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

Doc. Kip Robinson - Ha 4479

Prof [Signature]

F-30

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.....

[Signature: Len Clark]

Licensed Embalmer No. 7216

P. O. Address K. C. Mo.

Signed.....
Student Embalmer

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.