No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1952

State File No. 8430

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1092

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo.
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3733 Penn. 3H 8

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Lee
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): March 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 22. 1879
9. AGE (In years last birthday): 73
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): Elevator operator
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Merriam Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Jones
13b. MOTHER'S MAIDEN NAME: Sarah Frances Silvey
14. NAME OF HUSBAND OR WIFE: Jessie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Spanish American War
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-18-2892
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Jessie Jones 3733 Penn 3304 Benton

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Eight Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced Arteriosclerosis — 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1- 1951, *to* 3-5- 1952, *that I last saw the deceased alive on* 3-6- 1952, *and that death occurred at* 3 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Worley
Degree or title: D.O.
23b. ADDRESS: Hyde Park Hotel Kansas City, Mo.
23c. DATE SIGNED: 3/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-8-52
24c. NAME OF CEMETERY OR CREMATORY: Blue Springs Cem
24d. LOCATION (City, town, or county) (State): Blue Springs Mo

DATE REC'D BY LOCAL REG.: 3-7-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Stine-McClure
ADDRESS: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Francis S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 843952
Local Registrar's No. 1092

On this 12th day of April, 1952, before me appears (Mrs.) Jessie Jones, who, upon her oath, states that the original record of ~~birth~~ death for Robert Lee Jones, who ~~born~~ died March 6, 1952, in the State of Missouri, and which was filed at Kansas City, Missouri on ....., 19....., should be corrected as follows:

Item No. 11 should read Merriam, Kansas
Instead of Lenexa, Kansas

Item No. 13B should read SARAH FRANCES SELVEY
Instead of SARAH FRANCES MARY

Item No. 17 should read JESSIE MAE JONES 3733 PENN
Instead of CLYDE W. JONES 3504 BENTON

Item No. 16 should read 492-18-2892
Instead of

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Jessie Mae Jones Wife
Relationship.

3733 Pennsylvania St., Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 12 day of April, 1952.

My Commission Expires Oct. 17, 1955

My Commission expires ..... Mabel M. Stacker Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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