

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31695

State File No. 4084

FILED SEP 27 1952

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 149  |  | PRIMARY REG. DIST. NO. 1002  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Jackson |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Kansas City   |  | c. LENGTH OF STAY (in this place)<br>6 yrs  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Kansas City                                  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1  |  |   |  | d. STREET ADDRESS (If rural, give location)<br>2410 E. 37  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Abbie  |  | b. (Middle) B.  |  | c. (Last) Jones  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>9 14 52                                 |  |
| 5. SEX female   |  | 6. COLOR OR RACE white  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow   |  | 8. DATE OF BIRTH 1863<br>9-6-1863   |  |
| 9. AGE (In years last birthday) 89  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Iowa                          |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  | 13a. FATHER'S NAME<br>unknown   |  | 13b. MOTHER'S MAIDEN NAME<br>unknown   |  | 14. NAME OF HUSBAND OR WIFE<br>Clarence Jones                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no  |  | 16. SOCIAL SECURITY NO.<br>none   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mrs. M. J. Engstrom 2410 E. 37th.   |  |   |  |
| 18. NOSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.      |  | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
|   |  | 2. ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____      |  |  |  | 443X  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Intertrochanteric fracture of left hip |  |  |  |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>At home   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>Kansas City, Jackson, Mo.   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.<br>8 31 52   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br>Fall in bedroom  |  |   |  |
| 22. I hereby certify that I attended the deceased from Sept. 4, 1952, to Sept. 14, 1952, that I last saw the deceased alive on Sept. 14, 1952, and that death occurred at 1:45A m., from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE B.I. Burns (Degree or title)<br>B.I. Burns, M.D.   |  |   |  | 23b. ADDRESS<br>24th & Cherry  |  | 23c. DATE SIGNED<br>9-15-52   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |  | 24b. DATE<br>9-16-52  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Barnes Kansas  |  | 24d. LOCATION (City, town, or county) (State)<br>Barnes Kansas                      |  |
| DATE REC'D BY LOCAL REG.<br>9-16-52   |  | REGISTRAR'S SIGNATURE<br>Heraldine Holmes   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Walter Taylor Funeral Home<br>Barnes Kansas                                      |  |   |  |

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

*E. Miller*

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. *3035*

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ralph Fulton*

Licensed Embalmer No. *3035*

P. O. Address *Kansas City, Kan*

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.