

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35054
4690

State File No.

FILED NOV 8 1952

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 (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (If in this place) <u>29 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1922 East 14th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1922 East 14th Street</u>		d. STREET ADDRESS <u>1922 East 14th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First): <u>Zzette</u> b. (Middle): <u>none</u> c. (Last): <u>Jones</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 22 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>8-5-1874</u>
9. AGE (In years last birthday) <u>78 Yrs</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>
11. BIRTHPLACE (State or foreign country) <u>Fulton, Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>

13a. FATHER'S NAME <u>John Roy</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Jones</u>
		ADDRESS <u>3438 N. 32nd st Terrace, K.C. Kansas</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	DUE TO (b) <u>Vascular hypertension</u>		<u>1 year</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Malnutrition</u>		<u>3 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Pneumonic congestions of bronchial asthma</u>		<u>33 1/2</u>
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 10/21, 1949, to Oct. 21, 1952, that I last saw the deceased alive on 10/21, 1952, and that death occurred at 6:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence S. Coffey</u>	23b. ADDRESS <u>1724 E 17th St</u>	23c. DATE SIGNED <u>10/22/52</u>
24a. BURIAL, CREMATION, REMOVED (Specify) <u>Burial</u>	24b. DATE <u>10-28-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>		

DATE REC'D BY LOCAL REG. <u>10-27-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J. W. Jones</u>	ADDRESS <u>440 State Ave</u>
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WRITE PLAINLY—USING UNFAADING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Engene English

Signed.....
Student Embalmer

Licensed Embalmer No. 4105

P. D. Address 440 State Ave
W. C. Kansas

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.