

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1493**  
Registrar's No. **337**

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

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>14 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1218 Michigan</b>				d. STREET ADDRESS (If rural, give location) <b>1218 Michigan</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob Jones, Jr.</b>			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 18, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 30, 1894</b>	9. AGE (In years last birthday) <b>58</b>	10 UNDER 1 YEAR Months _____ Days _____	10 UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>H. D. Lee &amp; Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond, Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jacob Jones</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Lillian Jones</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-01-1013</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter Jones 2122 E. 12th St.</b>			
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) <b>CARDIAC HYPERTIFY</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 2 2</b>
				ANTECEDENT CAUSES DUE TO (b) <b>HYPERTENSION</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY? YES <input 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)			
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 <b>NOV. 1, 1952</b> , to <b>JAN. 18, 1953</b> that I last saw the deceased alive on <b>JAN. 18, 1953</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>E. F. Walls</b>			23b. ADDRESS <b>1118 E 12th St.</b>		23c. DATE SIGNED <b>1-20-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/21/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>1-20-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Jones 18th &amp; Benton</b>			

(Licensed Embalmer's Statement on Reverse Side)

*Dr. Wall*

**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 *Bruce L. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.