

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9905**
1302

FILED MAR 27 1953

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

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

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 32 yrs		d. STREET ADDRESS (If rural, give location) 2023 Benton Blvd	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) Amelia Jones			4. DATE OF DEATH (Month) 2 (Day) 28 (Year) 53		
5. SEX Fe 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid	
8. DATE OF BIRTH June 7, 1878		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) at Home	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hammer, Ala.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Alfred Sawney		13b. MOTHER'S MAIDEN NAME Jucy		14. NAME OF HUSBAND OR WIFE Walter Jones - deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Corene McHenry Selectman	
				ADDRESS K.C.K.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Possible Carcinoma of transverse colon			II. OTHER SIGNIFICANT CONDITIONS Senility & Anemia			15³		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			DUE TO (b) _____					
			DUE TO (c) _____					
			Conditions contributing to the death but not related to the disease or condition causing death.					

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 2-24-53, 1953, to 2-28-53, 1953, that I last saw the deceased alive on 2-28-53, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis			23b. ADDRESS 600 East 22nd Street			23c. DATE SIGNED 3-2-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-7-53		24c. NAME OF CEMETERY OR CREMATORY Westlawn		24d. LOCATION (City, town, or county) Kansas City, Mo.		(State) Kans.	

DATE REC'D BY LOCAL REG. 3.4.53		REGISTRAR'S SIGNATURE W. Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Adkins Bros. F. Bone		ADDRESS K.C.Mo.	
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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 *C. Kenneth Reynolds*

Licensed Embalmer No. *4477*

P. O. Address *W. C. M.*

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.