

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19004**
2829

FILED JUL 12 1954

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

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) **Kansas City** c. LENGTH OF STAY (in this place) **44 yrs**
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1700 E. 28th St.** No. STREET ADDRESS (If rural, give location) **1700 E. 28th Street** **3420**

3. NAME OF DECEASED a. (First) **Dr. Thomas** b. (Middle) **A.** c. (Last) **Jones** 4. DATE OF DEATH (Month) (Day) (Year) **6-19-54**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **April 20, 1880** 9. AGE (In years last birthday) **74** 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) **Doctor** 10b. KIND OF BUSINESS OR INDUSTRY **Professional** 11. BIRTHPLACE (City and State or Foreign Country) **Moundville, South Carolina USA** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Robert Jones** 13b. MOTHER'S MAIDEN NAME **Emma Nance** 14. NAME OF HUSBAND OR WIFE **Rosabelle Jones**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Rosabelle Jones** ADDRESS **1700 E. 28th**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Parenchymatous hepatitis** INTERVAL BETWEEN ONSET AND DEATH **9 months**
*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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **592T**

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) (Min) _____ 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 **Sept. 15, 1953**, to **June 19, 1954**, that I last saw the deceased alive on **June 19, 1954**, and that death occurred at **11:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **M. C. Lewis** (Degree or title) **M.D.** 23b. ADDRESS **210 Lincoln Bldg** 23c. DATE SIGNED **6/22/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6-23-54** 24c. NAME OF CEMETERY OR CREMATORY **Highland** 24d. LOCATION (City, town, or county) (State) **Kansas City Mo.**

DATE REC'D BY LOCAL REG. **6-23-54** REGISTRAR'S SIGNATURE **Geraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Wathkins Reed** ADDRESS **18th & Benton**

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

*Dr. M. C. ...
18th ...*

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.....
Signature of Student Embalmer

Signed..... *Bruce L. Watkins*

Licensed Embalmer No. *45*

P. O. Address *18th & ...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.