

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33315

4179

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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) long		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				e. STREET ADDRESS (If rural, give location) Unknown									
3. NAME OF DECEASED (Type or Print) a. (First) Alonso			b. (Middle)		c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) 9 20 1955						
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, 2- WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 10-8-1876		9. AGE (in years last birthday) 78		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) unknown				10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and State or Foreign Country) Texas				12. CITIZEN OF WHAT COUNTRY? America			
13a. FATHER'S NAME Henry Jones				13b. MOTHER'S MAIDEN NAME Henrietta				14. NAME OF HUSBAND OR WIFE Rosie Jones					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown				16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Deceased W. H. Lohmeyer - Gen. #1							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES DUE TO (b) Hydronephrosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Benign hypertrophy prostate. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 610h	
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 <u>8-21-55</u> , 19 <u> </u> , to <u>9-20-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>9-20-55</u> , 19 <u> </u> , and that death occurred at <u>11:25 a.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE E. Frank Ellis (Degree or title) D								23b. ADDRESS 600 East 22nd Street				23c. DATE SIGNED 9-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/27/55		24c. NAME OF CEMETERY OR CREMATORY K.C. College of Osteo				24d. LOCATION (City, town, or county) (State) 2117 Indep. Ave.					
DATE REC'D BY LOCAL REG. 9-27-55		REGISTRAR'S SIGNATURE new Marshall				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brigham & Sons 18th & Park							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed
Lawrence P. J.

Licensed Embalmer No.

P. O. Address 2300 G.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.