

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40632
STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1379

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
-b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 3248		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2		Length of stay in lb 2yrs1mo25days		d. STREET ADDRESS (If outside, give location) 1324 E. 14th St., Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HORACE Middle JONES Last JONES			4. DATE OF DEATH Month DECEMBER Day 16 Year 1956		
5. SEX male 2	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> 3	8. DATE OF BIRTH Sept 7, 1898	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Soap Company		11. BIRTHPLACE (City and state or country) Memphis, Tennessee	
13. FATHER'S NAME George Jones			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Nannie Davis		16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Georgia Craft, 1324 E. 14th St., K.C. Mo Address			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic brain syndrome associated with syphilis of central nervous system INTERVAL BETWEEN ONSET AND DEATH not given Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Syphilis		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 026x		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 21, 1954 to Dec 16, 1956 and last saw him xxx alive on Dec 14, 1956 Death occurred at 7:00PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. H. Morrowy, M.D.			22b. ADDRESS State Hospital #2, St. Joseph, Mo.		22c. DATE SIGNED 12-16-1956
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Dec 22, 1956		23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	
24. FUNERAL DIRECTOR Watkins Bros, 2814 E. 18th St., Kansas City, Missouri		23d. LOCATION (City, town, or county) Kansas City, Mo.		(State)	
25. DATE RECD. BY LOCAL REG. Jan 2, 1957			26. REGISTRAR'S SIGNATURE Cather M. Allison		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*.....

Licensed Embalmer No. *48*

P. O. Address *18th*

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