

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8744
STATE FILE NUMBER
1051

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1051

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY UNWandotte			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 917 E. 14th. st.			Length of stay in lb 30 Min.	d. STREET ADDRESS (If outside, give location) 1966 N. Hallock st.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Leonard Middle H. Last Jones				4. DATE OF DEATH Month Mar. Day 1 Year 1957			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-20-1898		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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Southern Water Proofing Co.		11. BIRTHPLACE (City and state or country) Walnut Hill, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Leonard H. Jones				14. MOTHER'S MAIDEN NAME Pollie L. Williams			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W. W. 11. 513-09-2620	17. INFORMANT Address Savannah Jones 1966 N. Hallock K.C. Kans.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Bilateral Internal Thoracic Hemorrhage. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Widespread Laceration of Right & Left Lungs. DUE TO (c) Multiple Gunshot Wounds of Left Chest							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Don't Know.					
20c. TIME OF INJURY Hour a. m. p. m. 3-1-57		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) apartment		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 10:20 P.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Deputy Coroner L. M. Tillman M.D.				22b. ADDRESS 16 18 Lydia Ave.		22c. DATE SIGNED 3/2/57	
23a. BURIAL (REMOVAL & SPECIFY) Burial		23b. DATE 3-7-1957	23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas		
24. FUNERAL DIRECTOR ADDRESS Mrs. J. W. Jones 110 State ave. K.C. Kans. (Licensed Embalmer's Statement on Reverse Side)				25. DATE RECD. BY LOCAL REG. 3-6-57		26. REGISTRAR'S SIGNATURE Irene Minshall	

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 *Conrad G. Galt* B.

Licensed Embalmer No. 4

P. O. Address K.C.

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.