

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029382

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3972

STATE FILE NUMBER

DATE AMENDED	1. FILED <b>AUG 31 1961</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
	a. COUNTY <b>JACKSON</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>JACKSON</b>	
INSTEAD OF DOCUMENT	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>	Length of stay in 1b <b>40 yrs</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2905 Forest</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3024 E. 20th Street</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
BY AFFIDAVIT OF	3. NAME OF DECEASED (Type or print) First Middle Last <b>MALACHI JONES</b>		4. DATE OF DEATH Month Day Year <b>8-5-61</b>	
	5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-4-1887</b>
MEDICAL CERTIFICATION	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or county) <b>Booneville, Missouri USA</b>	12. CITIZEN OF WHAT COUNTRY
	13a. FATHER'S NAME <b>Samuel Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Tindal</b>	14. NAME OF HUSBAND OR WIFE <b>Ann Jones</b>	
BY AFFIDAVIT OF	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>Esther Jones 3024 E. 20th St.</b>	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH
BY AFFIDAVIT OF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
BY AFFIDAVIT OF	20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 <b>June 9, 1961</b> to <b>Aug 8, 61</b> and last saw her/him alive on <b>Aug 2, 61</b> . Death occurred at <b>9:30 p.m.</b> on the date stated above, and to the best of my knowledge from the causes stated.			
BY AFFIDAVIT OF	22a. SIGNATURE (Degree or title) <b>W.A. Bryan M.D.</b>		22b. ADDRESS <b>2122 E 12th St</b>	22c. DATE SIGNED <b>8/9/61</b>
	23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-11-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
ITEM NO.	24. FUNERAL DIRECTOR ADDRESS <b>Watkins Bros. Funeral Home 18th &amp; Benton</b>		25. DATE RECD. BY LOCAL REG. <b>8-10-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

**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 Watkins

Licensed Embalmer No. 1500

P. O. Address 15th & Benton

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.