S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13607

FILED MAY 1 1944

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 1687

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7614 WASHINGTON STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 23 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 7614 WASHINGTON STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME MR JOHN LESLIE CONE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ or wife MRS JESSE CONE

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JULY (Month) 30 (Day) 1867 (Year)

8. AGE: Years 76 Months 8 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace UNIONTOWN (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business

FATHER
12. Name ALBERT WATSON CONE
13. Birthplace ATHENS (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name MARY A. MOHLER
15. Birthplace HAWKINS (City, town, or county) OHIO (State or foreign country)

16. (a) Informant MRS. JESSE CONE

(b) Address 7614 WASHINGTON STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 16 1944 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ SEDALIA, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-16-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15TH year 1944 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from Apr 6, 1944, to Apr 15, 1944 that I last saw him alive on Apr 13, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocardial disease	3 yrs
Due to: Hypertension and Uremic Nephritis	yrs
Due to	
Other conditions: Anteriorclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

13/15

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harry L. Jones (M. D. ~~or other~~)

Address Kansas City Mo Date signed 4/15/44

(Licensed Embalmer's Statement on Reverse Side)

1-5

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed E. O. Hothey

Licensed Embalmer No. 1767

P. O. Address Kansas City Mo

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 this body is not embalmed, fact should be so stated above.