

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

REC'D APR 23 1938

9910
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002 Registered No. 1375
 (c) City Kansas City (d) Street No. 601 Westover St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Alice Gertrude Jackson 2.50
 (a) Residence, No. 601 Westover St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David S. Jackson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 11 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Builder
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 28 1/2
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waukegan Ill.
 FATHER 13. NAME A. W. Ritchie
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
 MOTHER 15. MAIDEN NAME Harriette Hoyt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 17. INFORMANT (ADDRESS) James S. Jackson
5155 Warnall
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar 31 1938
 19. FUNERAL DIRECTOR (ADDRESS) D. W. Newcomer's Sons
Brush Creek, Geo.
 20. FILED Mar 30 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Mar 29 1938
 I last saw her alive on Mar 29 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma breast - metastatic to lung. 50
 Date of onset
 Other contributory causes of importance:
 Name of operation Breast amput. Date of 1/5/38
 What test confirmed diagnosis? Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury..... 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.
 (Signed) Mrs. R. Jackson, M. D.
 (Address) 1107 Bryant

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Henry H. Kelly
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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate, was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

George M. Collier

Licensed Embalmer No. 3839

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.)