

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

41697
 Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1802
 (c) City Kansas City (d) Street No. 2034 Penn Registered No. 4763 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 56 yrs. mos. ds.

2. PRINT FULL NAME Alfred Oliver Jackson
 (a) Residence, No. 2034 Penn 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Secretary Camp 4458 M. W. A.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

FATHER 13. NAME Don't Know 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER 15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs Leona Pearl O'Farrell
2615 Gillham Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 12/8/38 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary
Kansas City, Missouri

20. FILED Dec 7, 1938 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1938 to 12-6, 1938
 I last saw him alive on 11-30, 1938 Death is said to have occurred on the date stated above, at 11:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Prostate extending to Bladder 51 Date of onset

Other contributory causes of importance:

Name of operation Search for carcinoma Date of 10-21-38
 What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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?.....
 If so, specify Prostate Cancer M. D.
 (Signed) St. J. C. Gen. Hosp. K. Mo
 (Address).....

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.

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

Charles W. Chiles

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed, I



Charles W. Chiles

Licensed Embalmer No.....

3473

P. O. Address

104 N. 4th St. 7607

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, above space should be left blank.