

REC'D FEB 20 1939

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

1385

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City or Childrens Mercy Hospital Registered No. 398  
(d) Street No. Childrens Mercy Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

PATRICIA JACKSON  
(a) Residence, No. 3231 Myrtle K.C. Mo. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 10 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child  
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) Kc. Mo. 6

FATHER 13. NAME Robert R. Jackson 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 1

MOTHER 15. MAIDEN NAME Jewell Butts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Robert Jackson  
3231 Myrtle

18. BURIAL, CREMATION, OR REMOVAL PLACE Kanawon DATE Jan. 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. H. Blackman  
City

20. FILED Jan 30 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1939, to 1-30, 1939

I last saw her alive on 1-30, 1939 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Kray & Spitzer 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 \_\_\_\_\_  
(Signed) Henry S. Hogue M. D.  
(Address) 315 Alameda Rd.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**