

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4830

JAN 13 1940

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.

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:
1223 Michigan
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution --
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1223 Michigan
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
 year 1939 hour _____ minute 9:15 P. M.
 21. I hereby certify that I attended the deceased from 4-29-39
 _____, 19____, to 12-18-39, 19____;
 that I last saw h. e. v. alive on 12-18-39, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial
nephritis
 Due to Hypertensive
heart disease
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations None
 Of autopsy None

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME 257 Alice Jackson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thos. D. Jackson 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May ? 1883
(Month) (Day) (Year)

8. AGE: Years 56 Months _____ Days _____ If less than one day
hr. _____ min.

9. Birthplace Lexington Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Orange Hawkins
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

{ 14. Maiden name Clara
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thos. D. Jackson
 (b) Address 1223 Michigan

17. (a) Removal (b) Date thereof 12-22-39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Matthews Bros.
 (b) Address 1729 Lydia
Dec. 21, 1939

19. (a) _____ (b) Malcolm
(Date received local registrar) (Registrar's signature)

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? 1 (e) Means of injury _____
 23. Signature Geo W Hedgepeth (M. D. or other) _____
 Address 1619 E 12 St. Mo. Date signed 12-20-39

Hospital

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 *Isaac Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St.*

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.