

JAN 15 1940

STANDARD CERTIFICATE OF DEATH

State File No. 43571

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 376

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Independence  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
224 East White Oak  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

8. (a) PRINT FULL NAME Mary Jackson 250

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased 1879  
 (Month) (Day) (Year)

8. AGE: Years 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

12. Name George Jackson

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

14. Maiden name Louise Martin  
 15. Birthplace Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Jackson  
 (b) Address 224 West Mill Street

17. (a) Burial (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Ignace

18. (a) Signature of funeral director St. Ignace Bros  
 (b) Address 1729 Lydia

19. (a) Dec 22-29 (b) J. L. Cook 361  
 (Date received local registrar) (Registrar's signature)

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. 224 East White Oak  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29  
 year 1939 hour \_\_\_\_\_ minute 4 A. M.

21. I hereby certify that I attended the deceased from Nov 26,  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
 that I last saw her alive on Nov 28, 1939,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chest Infection  
Chest Infection  
 Due to Chest Infection  
 Due to Chest Infection

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature J. L. Cook (M. D. or other) \_\_\_\_\_  
 Address 169 E Maple Date signed 12-22-39

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.

MOTHER, FATHER, BROTHER, SISTER, MAKE A PERMANENT RECORD

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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..... *James 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.**