

Registration District No. 5011

Primary Registration District No. 5005

Registrar's No. 106

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
107th and High Drive  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 107th and High Drive  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 7 \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WALTER HENRY JACKMAN 235  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 30<sup>th</sup>  
 year 1939 hour 6:30 minute 0 A. M.

4. Sex Male 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Elfrieda A. Jackman  
 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased August 2 1887  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 11/39 to Dec. 30 1939  
 that I last saw him alive on 29 Dec. and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 4 Days 28  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage about 12 hours  
 Due to Hypertension  
 Due to \_\_\_\_\_

9. Birthplace Bloomington Illinois  
 (City, town, or county) (State or foreign country)

Other conditions Hypertension, arteriosclerosis, albuminuria  
 (Include pregnancy within 3 months of death)  
 Arts Serv.

10. Usual occupation Partner

11. Industry or business Jackman-Vessels Graphic

12. Name Wm. Jackman  
 13. Birthplace Bloomington Illinois  
 (City, town, or county) (State or foreign country)

14. Maiden name Katherine Travor  
 15. Birthplace No Record  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. Jackman  
 (b) Address 5700 Paseo, Kansas City, Mo

17. (a) Burial (b) Date thereof Jan. 2-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director John W. Wagner  
 (b) Address 204 W. Lenwood, K. C. Mo.

19. (a) 1-9-1940 (b) Mrs J. Brennan  
 (Date received local registrar) (Registrar's signature)

PHYSICIAN  
 Underline the cause to which death should be charged statistically  
 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? \_\_\_\_\_

23. While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 Signature D. Hanson (M. D. or other)  
 Address 810 N. Eldon Blg. Date signed Dec 30 1939

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.

*M. Matthes  
Nov 96 22*

**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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address H.C. Mo.

**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.**