

No. 2
1-10-39
-17-39
X21492

Registration District No. **399**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2321 Prospect **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2321 Prospect
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1940 hour 8 minute _____ P.M.
21. I hereby certify that I attended the deceased from January
1938 to 5-8, 1940
that I last saw him alive on 5-8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
secondary to

Due to continuous cough
from Bronchiectasis
Due to _____

Other conditions Asthma Bronchial
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations no **95.5**
Of autopsy no
Underline the cause to which death should be charged statistically.

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? _____

(e) While at work? _____ (Specify type of place) _____
(f) Means of injury !
23. Signature M. M. Brown (M. D. or other) _____
Address W 34 Date signed 5-2-40

3. (a) PRINT FULL NAME Albert Z. Jackman **255**

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

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

6. (b) Name of husband or wife Hazel Jackman 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased May 26, 1883
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Salesman **9**

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown **9**

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Jackman
(b) Address 2321 Prospect, K.C. Mo.

17. (a) Burial (b) Date thereof May 11
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cem. K.C. Mo.

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address _____
19. (a) May 10, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 *H. D. Blickman*

Licensed Embalmer No. *3639*

P. O. Address *R. 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.