

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

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.

**FILED JUL 15 1940**  
399

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

Registrar's No. **2299**

**1. 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:  
St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community About 2 Months. (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. 121 Ward Parkway. (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Mrs. Margaret JACKSON. 250

**3. (b) If veteran, name war** No **3. (c) Social Security No.** No

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** Walter Jackson **6. (c) Age of husband or wife if alive** 64 years

**7. Birth date of deceased** December 12 1881  
(Month) (Day) (Year)

**8. AGE:** Years 58 Months 5 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** At Home

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

**MOTHER FATHER** { **12. Name** Thomas Wigginton } **6**

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

**14. Maiden name** Margaret Moon

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

**16. (a) Informant's own signature** Walter Jackson

**(b) Address** 121 Ward Parkway.

**17. (a) Removal** (b) Date thereof 6/4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** St. Paul Minnesota.

**18. (a) Signature of funeral director** Melody-McGilley

**(b) Address** K. C. Mo.

**19. (a) June 4, 1940** (b) M. M. Grove  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 3rd  
year 1940 hour 2 minute 30 P. M.

**21. I hereby certify that I attended the deceased from** April 26  
1940, to July 3rd, 1940,  
that I last saw h. alive on June 3rd, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction due to  
Coronary atherosclerosis Duration 6 wks  
Due to Arterial Hypertension 14 1/2 4 yrs

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

**PHYSICIAN**  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Confirmed Clinical Diagnosis  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury !

**23. Signature** P. T. Bohan (M. D. or other) \_\_\_\_\_  
Address Plaza Med. Bldg Date signed 6-4-40

A.C. Mo.

*In San Francisco  
Beemer*

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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

*J. H. Beemer*  
.....  
Licensed Embalmer No. *2999*

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.**