

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2434**

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:  
Kansas City General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 Hours  
(Specify whether  
In this community 24 Years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Estella Hall Jacobs 212

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

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

6. (b) Name of husband or wife Mr. James L. Jacobs 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 13 1878  
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business -----

12. Name Andrew Hall

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

14. Maiden name Elizabeth Utley

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

16. (a) Informant James L. Jacobs

(b) Address 909 Industrial

17. (a) Burial (b) Date thereof June 15, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director O. H. Neacome's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) June 14, 1940 (b) M. M. Crowe  
(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. 909 Linwood Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th  
year 1940 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull

Due to Car & Trucking of Brain

Due to Fall from Wall

Other conditions (Includes pregnancy within 3 months of death)

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

Of autopsy all

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 6-12-40

(c) Where did injury occur Kansas City, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Yes

While at work (Specify type of place) (e) Means of injury Fall from wall

28. Signature Russell (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

**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.....

*Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address..... *K. 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.**