No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24123

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2733

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

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: 7119 Agnes Avenue (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 ~~30~~ 30 Years years, months or days)

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. 7119 Agnes Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mrs. Mary Ann Jackson 250

3. (b) If veteran, name war No

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. Charles Jackson

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November (Month) 8 (Day) 1866 (Year)

8. AGE: Years 73 Months 7 Days 28 26 If less than one day ..... hr. ..... min.

9. Birthplace Bradford (City, town, or county) England (State or foreign country) 4

10. Usual occupation At Home 4

11. Industry or business 4

FATHER
12. Name Edward Thorpe
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Sarah Hudson
15. Birthplace Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs A. S. Johnson

(b) Address 2201 East 70th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) July 8, 1940 (Date received local registrar) (b) M. M. Orowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1940 hour 3 minute 40P.M.

21. I hereby certify that I attended the deceased from MAY 15 '39 ....., 19..., to MAY 30, 1940 that I last saw her alive on MAY 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PROBABLE MALIGNANCY L. LUNG	1 YR
HYPERTENSION	YRS.
Due to 47	
Due to	
Other conditions CORONARY OCCLUSION (Include pregnancy within 3 months of death)	YRS.

Major findings: Of operations 0

Of autopsy 0

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. C. Quintgall (M. D. or other) M. D.

Address 6944 Prospect Date signed July 7 '40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Gustgar
6944 Pros

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 C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.