

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File **27549**

Registrar's No. **3182**

**SEP 5 1940** 399  
Registration District No.

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson,**  
(b) City or town **Kansas City,**  
(c) Name of hospital or institution:  
**4401 East 20th Street,** **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no.** (Specify whether  
In this community **Unknown,**  
years, months or days)

8. (a) PRINT FULL NAME **Lloyd M. Jackson,** **250**  
8. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single,**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **May 14th 1868**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68** **2** **26** hr. min. **0**

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

10. Usual occupation **Retired,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Isaac Jackson,** **9**  
18. Birthplace **Unknown,** (State or foreign country) **9**  
14. Maiden name **Unknown,**  
15. Birthplace **Unknown,** (State or foreign country) **9**

16. (a) Informant **R. O. Reich,**  
(b) Address **7501 East 37th St., K. C., Mo.**

17. (a) **Burial,** (b) Date thereof **8-10-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Aug. 10, 1940** (b) **M. M. Crause**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri,** (b) County **Jackson,**  
(c) City or town **Kansas City,**  
(If outside city or town limits write "RURAL")  
(d) Street No. **4401 East 20th St.,**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **9** year **40** hour \_\_\_\_\_ minute **26** M.

21. I hereby certify that I attended the deceased from **8-9-40** to **8-10-40** that he was alive on \_\_\_\_\_ and that he died on the date and hour stated above. **12-26-R**  
Immediate cause of death \_\_\_\_\_

D **Chronic myocarditis**

Due to **93 ✓**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **Inspection**

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 at or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury **5**

23. Signature **Walter H. Miller** (M. D. or other)  
Address **K. C. Mo.** Date signed \_\_\_\_\_

**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. D. Waters*

Licensed Embalmer No.

*3992*

P. O. Address

*V. C. Ho*

**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.**