

STANDARD CERTIFICATE OF DEATH

State File No. **35517**

Registration District No. **400**

Primary Registration District No. **5553B**

Registrar's No. **197**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue
(c) Name of hospital or institution: Jackson County Emergency Hosp.
(d) Length of stay: In hospital or institution 5 days
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Little Summit
(d) Street No. 503 Miller St.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Low Accock

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-01-0721

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 _____ years

7. Birth date of deceased Aug. 5 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>24</u>	hr. min.

9. Birthplace Jackson County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Barber

12. Name James C. Accock

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

14. Maiden name Martha Rowland

15. Birthplace Jackson County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. C. Thomas

(b) Address 503 Miller, Little Summit

17. (a) Burial (b) Date thereof 10-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Summit Cem

18. (a) Signature of funeral director John J. ...
(b) Address Little Summit Mo

19. (a) 10-31-46 (b) John J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1940 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct. 24
1940, to Oct. 29, 1940
that I last saw him alive on Oct 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to Surgical acute appendicitis

Due to _____
Other conditions 101
(Include pregnancy within 3 months of death)

Major findings: Acute appendicitis
Of operations _____
Of autopsy _____

Duration _____
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?
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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. Kennedy (M. D. or other) M.D.
Address Jackson County Hospital Date signed 10/31/40

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

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.....

Licensed Embalmer No. 2957

P. O. Address Lee's Summit 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.