

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4272

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: 704 Charlotte Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mammie (Mary) Jackson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Jackson

6. (c) Age of husband or wife if alive dead years 11 1887

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Hughes

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

14. Maiden name Julia Douglas

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

16. (a) Informant Mrs. Josie Green

(b) Address 1622 Park Ave

17. (a) Burial (b) Date thereof 11-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Missouri

18. (a) Signature of funeral director T. B. Moore

(b) Address 1820 E-18th St

19. (a) Nov. 9, 1940 (b) M. M. Brown
(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. 704 Charlotte Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2nd
year 1940 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept. 26, 1940, to Nov. 2, 1940, that I last saw her alive on Nov. 1, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apo-plexy

Due to Hemorrhage of the Brain

Due to Stroke

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Chas. B. Brown, M.D. (M. D. or other) _____

Address 717 1/2 Independence Ave. Date signed 11-7-40

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

RECEIVED 11/11/40

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 me

AB Moore

Registered Apprentice No. _____

working under my personal supervision.

Signed

AB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 16th

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, fact should be so stated above.