MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37912
Do not use this space.

FILED DEC 11 1940

2

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 4510
(c) City Kansas City, Mo. — (d) Street No. 2231 Van Brunt Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Melvina Jackson Jackson
(a) Residence, No. 2231 Van Brunt Blvd. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 16th, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	0	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Homemaker
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

FATHER
13. NAME: William Seals
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Catherine Finney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs. Aimee Tillman
(ADDRESS) 2331 Van Brunt Blvd. K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bergman, Ark. DATE Nov. 27-40, 19

19. FUNERAL DIRECTOR (NAME) C.H.Blackman & Son, Inc
(ADDRESS) 2825 Indep. Blvd. K.C.Mo.

20. FILED 11-26-40, 19 — M M Browne, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1940, to Nov. 25, 1940
I last saw her alive on Nov. 25, 1940. Death is said to have occurred on the date stated above, at 4:30p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Oct. 28, 1940
Other contributory causes of importance: Terminal Bronchopneumonia	Nov. 24, 1940

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Kenneth A. Davis, M. D.
(Address) 3301 Woodland Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 B H Blackmar

Licensed Embalmer No. 2244

P. O. Address City

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.