

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 399

Primary Registration District No. 1002

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:  
647 West 68th St. Terrace, /  
(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 37 years,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 4D  
(c) City or town Kansas City, 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 647 West 68th St. Terrace,  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Helen Jaccard,  
(b) If veteran, name war no. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced / Married  
6. (b) Name of husband or wife Walter B. Jaccard, 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased December 1 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 1 6 hr. min.

9. Birthplace Kansas, /  
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name John Patrick Jennings,  
18. Birthplace Missouri, /  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth Stewart,  
15. Birthplace Kentucky, /  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter B. Jaccard,  
(b) Address 647 West 68th St. Ter., K.C., Mo.

17. (a) Burial (b) Date thereof 1- -41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery,  
Stine & McClure,

18. (a) Signature of funeral director  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan 8 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th,  
year 1941 hour 8:10 minute P. M.

21. I hereby certify that I attended the deceased from May 39, 1939 to June 7, 1941  
that I last saw him alive on June 7, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis 20 mos  
Carcinoma Breast 6 yrs  
Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Amputation Breast 6 yrs ago  
Of operations Carcinoma Breast  
Of autopsy none.

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

23. Signature Sue H. Lewis (M. D. or other) \_\_\_\_\_  
Address 934 Augusta Bldg Date signed Jan 8, 1941

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

Dr. Carl Ferris,

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**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.....

P. O. Address.....

**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.**