

No. 2
1-4-41
17-39
X26390
48

1945

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
 (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: K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether
 In this community life
 years, months or days)

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. 2025 Benton
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Shelton Jacks
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31st
 year 1941 hour 6 minute 45 P. M.
 21. I hereby certify that I attended the deceased from 5-26-41 19__ to 5-31-41 19__
 that I last saw h. im alive on 5-31-41 19__
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race whit 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Leah Mary Jacks 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Feb 25 1872
 (Month) (Day) (Year)

Immediate cause of death Hypostatic bronchopneumonia
 Due to Cardiac decompensation

8. AGE: Years 69 Months 3 Days 6
 If less than one day hr. min.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 95c
 Major findings: Of operations _____
 Of autopsy None

9. Birthplace Ridgely Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER { 11. Industry or business _____
 12. Name Daniel Jacks
 13. Birthplace 18y 1
 (City, town, or county) (State or foreign country)

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? _____

FATHER { 14. Maiden name Eliza Craine
 15. Birthplace Louisville Ky
 (City, town, or county) (State or foreign country)

While at work? _____ (Specify type of place) (a) Means of injury _____
 23. Signature Druey R. Stone (M. D. or other) P
 Address Med. Dir. K.C. Gen. Hospital K.C. Date signed 6-2-41

16. (a) Informant Reginald Jacks
 (b) Address 807 6 23 North Ke Mo
 17. (a) burial (b) Date thereof June 4 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Platte City Mo
 18. (a) Signature of funeral director Morton
 (b) Address North Ke Mo
 19. (a) 6/3/41 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

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

Harold L. Poason

Licensed Embalmer No. *3605*

P. O. Address *North KC, 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, fact should be so stated above.