

No. 2
4-13-40
5-17-39
I X2313

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2028

00660

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 6008 St John
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) about 3 yrs.

In this community 25th mo
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. 6008 St Johns st
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Viriah Jackson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

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

6. (c) Age of husband or wife if alive 1856 years

7. Birth date of deceased Feb 11 1856
(Month) (Day) (Year)

20. DATE OF DEATH: Month July day 25th year 1941 hour 11.40 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 3, 1941, to July 25, 1941; that I last saw him alive on July 24th, 1941; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>5</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death: Decompensated myocarditis about acute.

Due to Nephritis (arteriosclerotic)

Due to Hypertension (essential)

9. Birthplace Greenhook Ill (City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

Other conditions (Include pregnancy within 3 months of death) 12/10

11. Industry or business _____

12. Name W M Simmons

13. Birthplace Madison Co Ill (City, town, or county) (State or foreign country)

14. Maiden name Martha Holman

15. Birthplace Madison Co Ind (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 12/10

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

16. (a) Informant Kenneth C. Creason

(b) Address 6008 St John Kansas City, Mo.

17. (a) Burial (b) Date thereof July 28 41
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo

18. (a) Signature of funeral director Lucile M Wilson

(b) Address King City Mo

19. (a) 7-28-41 (b) W M Crowe
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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 Dr. J. J. Gocik (M. D. or other) M.D.

Address 5902 St. John Ave Date signed 7/25/41

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.....

Lucile M. Wilson

Licensed Embalmer No. *2830*

P. O. Address.....

King City, 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.