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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27314

State File No. \_\_\_\_\_

SEP 12 1941 397  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2972

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 Yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City Mo. 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 1002 East 48th, Street.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN JACKSON  
(b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 499-09-8869

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month \_\_\_\_\_ day 8-2-41  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White 6. (a) Single, married, divorced Single  
7. Birth date of deceased: Unknown  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
App. 74 hr. \_\_\_\_\_ min.

Secondary shock  
Bilateral fracture of the neck of the femur  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings \_\_\_\_\_  
of operation \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation None  
11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name William Jackson  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Galena Kirby  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
Auto trauma

16. (a) Informant Alice Jenkins (Cousin)  
(b) Address 22 West 62nd Street  
17. (a) Burial (b) Date thereof 8/5/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill.  
18. (a) Signature of funeral director Melody McGilley.  
(b) Address K. C. Mo.  
19. (a) 8/5/41 (b) W. M. M. Brown  
(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) Accident.  
(b) Date of occurrence 7-29-41  
(c) Where did injury occur? Advan (City or town) (County) (State) Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) (M. D. or other) \_\_\_\_\_  
23. Signature W. M. M. Brown (M. D. or other) 3  
Address K. C. Mo. Date signed \_\_\_\_\_

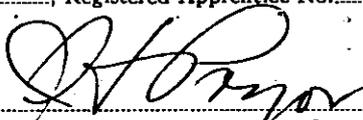
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

W.C.

**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. 2999 .....

P. O. Address KC .....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27314  
Registrar's No. 2972

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: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1002 E 78th St (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
that I saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Secondary shock  
Duration \_\_\_\_\_

Due to Bilateral fracture of the neck of the femur  
Due to \_\_\_\_\_

Other conditions Fracture of wrist 6  
(Include pregnancy within 3 months of death)

Major findings: Cuts, trauma 100  
Of operations \_\_\_\_\_ 22  
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) accident  
(b) Date of occurrence 7/29/41

(c) Where did injury occur? Adrain mo  
(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 Victor B. Puller (M. D. or other)  
Address KC, Mo Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME John Jackson A.A.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 499-09-8860

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years Months Days If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name William Jackson  
13. Birthplace (City, town, or county) (State or foreign country) Kentucky

14. Maiden name Helen  
15. Birthplace (City, town, or county) (State or foreign country) Kentucky

16. (a) Informant Alfred Jenkins (Parent)  
(b) Address 22 West 62nd  
17. (a) Burial (b) Date thereof 8/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director W. E. McElroy  
(b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

SUPPLEMENTARY

Victor Kansas City, Mo

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

MOTHER FATHER

