

FILLED OCT 20 1941

Registration District No. **1600**

Primary Registration District No. **555313**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Little Blue Mo**  
(c) Name of hospital or institution: **Jackson County Home**  
(d) Length of stay: In hospital or institution **5 weeks**  
In this community **5 weeks**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **3327 Wyandotte**  
(e) Citizen of foreign country? **no**  
If yes, name country **✓ 1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **13**  
year **1941** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug 6** 19**41** to **9/13** 19**41**  
that I last saw **her** alive on **9/12** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage**  
Due to **arterial hypertension**

Other conditions (Include pregnancy within 3 months of death) **1**  
Major findings: Of operations **gca**  
Of autopsy **gca**

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 **J. W. Greene** (M. D. or other) \_\_\_\_\_  
Address **Independence** Date signed **9/13/41**

3. (a) PRINT FULL NAME **Jessie DeHaven**  
3. (b) If veteran, name war **---**  
3. (c) Social Security No. **---**

4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Unknown**  
6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **September 27, 1885**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **11** Days **16**  
If less than one day hr. min.

9. Birthplace **Paduca, Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Unknown**

12. Name **Unknown**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record of Jackson County**

(b) Address **Home Little Blue Mo**

17. (a) **Burial** (b) Date thereof **9/16/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington Cem.**

18. (a) Signature of funeral director **Quirk & Toben Co**

(b) Address **P.O. Box**

19. (a) **9/16/41** (b) **Jessie DeHaven**  
(Date received local Registrar) (Registrar's signature)

982 (Licensed Embalmer's Statement on Reverse Side)

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 Perry*

Licensed Embalmer No. *4097*

P. O. Address..... *K.C. 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.**