

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41229
State File No. 4910
Registrar's No.

HER 17N 24 103799
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 2
(d) Length of stay: In hospital or institution 12-18-41-12-20-41
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
Street No. 5616 E. 37th St.
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY JACKSON
(b) If veteran, name war NO
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 20
year 1941 hour 2 minutes 10 p. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased April 1863

21. I hereby certify that I attended the deceased from December 18, 1941, to December 20, 1941
that I last saw her alive on December 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic type heart disease

8. AGE: Years 78 Months 8 Days hr. min.

Due to Generalized arteriosclerosis

9. Birthplace Lathrop Missouri

Due to Decubitus ulcer & senile dementia

10. Usual occupation Unemployed

Other conditions Decubitus ulcer & senile dementia

11. Industry or business Deceased

PHYSICIAN

MOTHER FATHER
12. Name unknown
13. Birthplace unknown
14. Maiden name Deceased
15. Birthplace unknown

Major findings: Of operations 97
Of autopsy

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 1-7-42
(c) Place: burial or cremation Blue Ridge

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director BRADY DOWNS
(b) Address 1708 S. BRACY

While at work? _____
(e) Means of injury _____

19. (a) 12/31/41 (b) M. M. Brown
(Date received local Registrar) (Registrar's signature)

23. Signature J. A. Davis (M. D. or other) _____
Address Van Buren St. 600 E. 220 Date signed 12-22-41

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

480
800

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. *1271*

P. O. Address *Kansas 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.