

U.S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 29 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1960

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

48  
3  
8

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:  
6625 Wabash Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years  
(Specify whether 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. 6625 Wabash Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

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3. (a) PRINT FULL NAME Mr. James Alvadore Jackman

(b) If veteran, name war No

3. (c) Social Security No. 490-16-1142

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Louie C. Jackman 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 29 1859  
(Month) (Day) (Year)

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

82 7 19 hr. min.

9. Birthplace Sugar Tree Ridge Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Wilde Drop Forge & Tool Company

12. Name Jehu Jackman

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

14. Maiden name Nancy Lewis

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

16. (a) Informant Don J. Dalton

(b) Address 40629 Wabash ICC Mo

17. (a) Burial (b) Date thereof May 20, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director O. H. Newcomer, Sr.

(b) Address 1401 Brush Creek Blvd

19. (a) 5-19-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th  
year 1942 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1861 to 18  
that I last saw alive on 1861 and that death occurred on the date and hour stated above.

Immediate cause of death Supine Spinal Hemorrhage - Fracture of the Skull

Due to 1861

Due to 18

Other conditions 1861  
(Include pregnancy within 3 months of death)

Major findings: 1861  
Of operations 18  
Of autopsy 18

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) Accidental 123

(b) Date of occurrence 5-18-42

(c) Where did injury occur? ICC Jackman  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? Freedom State  
(Specify type of work) (e) Means of injury

23. Signature Dr. J. W. Brown (M. D. or other)

Address ICC Mo Date signed

me

361

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*C. Hervey Quisenberry*

Licensed Embalmer No.....

*4070*

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.**