

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17019

State File No.

FILED JUN 6 1942

Registration District No. 3

Primary Registration District No. 1002

Registrar's No. 2023

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 No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5-13-42-5-22-42
(Specify whether years, months or days)
 In this community 15 years

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. 909 Euclid
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
 year 1942 hour 2 minute 47 p.m.

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Morton 6. (c) Age of husband or wife if alive 16 years
 7. Birth date of deceased August 16 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 13 19 42 to May 22 19 42
 that I last saw her alive on May 22 19 42
 and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 9 Days 6 If less than one day hr. min.

Immediate cause of death Bronchopneumonia Duration
 Due to Hypertensive type heart disease
 Due to.....

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

Other conditions 93 B
(Include pregnancy within 3 months of death)

10. Usual occupation Unemployed

Major findings:
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Albert S. Chinn
13. Birthplace Dont, Kansas 9
(City, town, or county) (State or foreign country)
14. Maiden name Billie Berry
15. Birthplace Dont, Kansas 9
(City, town, or county) (State or foreign country)

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

17. (a) Burial (b) Date thereof May 26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director W. M. Appleton
 (b) Address 11905 High St

19. (a) 5-25-42 (b) 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).....
 (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? 1
(Specify type of place) (e) Means of injury
 23. Signature [Signature] (M. D. or other)
 Address..... Date signed.....

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

48388

361

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. H. West

Licensed Embalmer No.....

2710

P. O. Address.....

K. E. M. O.

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.