S. No. 2
M—9-4-41
r. 5-17-39
P1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20310

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2613

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: Gen. Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-28-42, 7-3-42 (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1726 Campbell 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LUCILLE JACKSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Guy Jackson

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased January (Month) 9 (Day), 1900 (Year)

8. AGE: Years 42 3 | Months 5 | Days 24 | If less than one day ____ hr. ____ min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Sid Stapleton
13. Birthplace Missouri (City, town, or county) (State or foreign country)

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

16. (a) Informant William F. King
(b) Address 1419 East 16th St., 2nd Fl

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Hitkins Bros
(b) Address 1729 Lydia

19. (a) 7-8-42 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour 10: minute 10 A.M.

21. I hereby certify that I attended the deceased from ____ 19____ to ____ 19____ that I last saw h____ alive on ____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of the mesentery with gangrene of small intestine, early peritonitis — Duration

Due to Fall from second floor

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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 6/28/42
(c) Where did injury occur? K. C. (City or town) Jackson (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1726 Campbell, K. C. Mo. (Specify type of place)
While at work? No (e) Means of injury Fell from 2nd floor

23. Signature [illegible] (M. D. or other)
Address K. C. Mo. Date signed 7/6/42

(Licensed Embalmer's Statement on Reverse Side)

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 B L Graham

Licensed Embalmer No. 2540

P. O. Address 2208 Vine

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.