

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3170

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. 20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7-30-42 - 8-20-42  
(Specify whether  
In this community 54 years  
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. 1624 W. 9th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME CARL JEDKINS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Jedkins 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased February 24 1887  
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Louis Jedkins

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

14. Maiden name Lizzie Fisher

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

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

17. (a) Removal (b) Date thereof 8/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Calvary

18. (a) Signature of funeral director W. W. Thatcher

(b) Address 1020 N. 5th St.

19. (a) 8-24-42 (b) M. M. Grome  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20  
year 1942 hour 1 minute 50 p. M.

21. I hereby certify that I attended the deceased from July 30 1942 to August 20 1942,  
that I last saw him alive on August 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Gas Gangrene of the right foot (arteriosclerotic in type) (post operative)

Due to \_\_\_\_\_  
Due to 97

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
Means of injury \_\_\_\_\_  
23. Signature J. Q. Turner (M.D. or Dentist)  
Address Sen. Hoag 2-6 0016 St. Date signed 8-24-42

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

*Nathan W. Thatcher*

Licensed Embalmer No. *2700*

P. O. Address *1520 N. 5th*

**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.**