

FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39771

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4702

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:
4007 Agnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Eva. R. Jackson

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race W 6. (a) ~~Single, widowed, married~~
6. (b) Name of husband or wife Geo. W. Jackson 6. (c) Age of husband or wife if deceased
7. Birth date of deceased Sept. 14 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 10 If less than one day
hr. min.

9. Birthplace Lebanon Ind. /
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Wm. E. Parr
13. Birthplace Green Castle Ind. /
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Burroughs
15. Birthplace Green Castle Ind. /
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. H. Jackson

(b) Address River Forest Ill.

17. (a) Burial (b) Date thereof Dec. 17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) 12-16-42 (b) M. W. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4007 Agnes
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1942 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 1941 to December 15, 1942
that I last saw her alive on Dec 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia
Due to Hadkins Disease and Anemia
Due to 44 F

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy X

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) (e) Means of injury _____

23. Signature James J. Ferguson M.D.
Address 410 Bryant St. Date signed 12/15/42

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.....

Chas W. Telford

Licensed Embalmer No. *2644*

P. O. Address *1800 Fenwood*

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.