S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23906

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3362

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

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:
3533 Brooklyn Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3533 Brooklyn Avenue
(If rural, give location)

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

If yes, name country -- 1

3. (a) PRINT FULL NAME Mrs. Lettisha Ann Jackman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Nathan Jackman

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

7. Birth date of deceased April (Month) 25 (Day) 1863 (Year)

8. AGE: Years 80 Months 3 Days 6 If less than one day ___ hr. ___ min.

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

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Robert Stockdale
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Grace Henry
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Edward J. Jackman

(b) Address 2807 East 77th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 3, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-3-43 (Date received local registrar) (b) D. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1943 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 30 43, 1943 to Aug 1st, 1943; that I last saw her alive on July 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Asthma bronchial

Due to Senility 1/2

Due to

Other conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. M. McCalmore (M. D. or other)

Address 38 / 50 Brooklyn Date signed 8-2-43

(Licensed Embalmer's Statement on Reverse Side)

3850 Brooklyn
4-5

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address R 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.