

U.S. No. 2
OM-542
Rev. 5-17-58
1 X 873

28421 ✓

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 24 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 15 D

Primary Registration District No. 4239

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lees Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
508 Miller
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~5 mo~~ ✓
(Specify whether years, months or days) 6 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Lees Summit
(If outside city or town limits, write "RURAL")

(d) Street No. 508 Miller
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John William Jack

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-4-1943 to 8-8-1943
that I last saw him alive on 8-8-1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary Jack

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 8-1873
(Month) (Day) (Year)

Immediate cause of death: Congestive heart failure

Due to Myocardial Infarction

Due to Mitral valvular disease

Other conditions: (Include pregnancy within 3 months of death) 92d

8. AGE: Years 70 Months 4 Days 0
If less than one day . hr. . min.

9. Birthplace Jackson Co Mo
(City, town or county) (State or foreign country)

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business Farmer

12. Name James Jack

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

14. Maiden name Ruth Koger

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

Major findings: Of operations 92d

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Mary Jack

(b) Address Lees Summit Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-43
(Month) (Day) (Year)

(c) Place: burial or cremation Haines Cem

18. (a) Signature of funeral director W B Langford

(b) Address Lees Summit Mo

19. (a) Aug 9, 1943 (Date received local registrar) (b) F.M. Schick by Effie Schick
(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? _____ (Specify type of place) (e) Means of injury _____

Signature G.R. Jenkins (M. D. or other) DO

Address 307 S Main Date signed 8-10-43

1162 (Licensed Embalmer's Statement on Reverse Side) Lees Summit Mo

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 W. B. Langford
Licensed Embalmer No. 3833
P. O. Address Lee's Summit, 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.