

3. No. 2  
M-2-43  
5-17-39  
1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30783

FILED OCT 13 1943

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4110

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:  
At Home-- 1105 Lydia Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community \_\_\_\_\_ years, months or days)

23 Years (Specify whether 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. 1105 Lydia Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY ELLEN JACKSON

3. (b) If veteran, name war None 3. (c) Social Security No. 495-10-6473

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased December 18, 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>9</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Maid

11. Industry or business Andrew Jackson Hotel

12. Name Lynn Jackson

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

14. Maiden name Katie

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

16. (a) Informant Mr. James Henry Brown

(b) Address 1105 Lydia Avenue

17. (a) Burial (b) Date thereof 9/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Baptist Church

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Avenue

19. (a) 9-25-43 (b) J. E. Brown Dep.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 Wednesday  
year 1943 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 15, 1943 to Sept 26, 1943  
that I last saw her alive on Sept 18, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Due to \_\_\_\_\_  
Due to 48 hr

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

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

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 (a) or (b) of injury)

23. Signature J. E. Brown (M. D. or other) \_\_\_\_\_  
Address 1714 Olive St Date signed 9/25/43

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

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

*Dr. J. C. Perry*

---

---

**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..... *Jerome Manlove*.....  
Licensed Embalmer No. *3994*.....  
P.O. Address..... *2503 Highland*.....

**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.**