

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 572 Troost Ave
(d) Length of stay: In hospital or institution None
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 572 Troost Ave
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BELL ONLY

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

4. Sex Female 5. Color of face Col 6. (a) Single, widowed, married divorced years 3
6. (b) Name of husband or wife MR. Don't know 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Don't know (Month) (Day) (Year)

8. AGE: Years App. 48 Months Days If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Jimmie Jackson

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

14. Maiden name Jessie Carter

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

16. (a) Informant Wayne Jackson

(b) Address Clinton Mo R.F.D. 3

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo

18. (a) Signature of funeral director E. M. Hudson

(b) Address 1513 Troost

19. (a) 10-29-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27 year 1943 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart

Due to
Due to 4

Other conditions (Include pregnancy within 3 months of death) 450

Major findings: Of operations
Of autopsy Insp. History

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?

23. Signature P. P. Richardson (M. D. or other) 3
Address 1832 Vine Date signed 10-27-43

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

MOTHER FATHER

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

JUL 29 1952

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.....

Licensed Embalmer No.....

P. O. Address.....

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.