

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1484

FILED FEB 3 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 283

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo., 27 days
(Specify whether years, months or days)

In this community 63 years

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. 1639 Wyandotte
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. LePerrine Belle Jackson

3. (b) If veteran, name war XX

3. (c) Social Security No. NO

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Fred B. Jackson

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

7. Birth date of deceased June 18 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 28
If less than one day hr. _____ min. _____

9. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name James Flanagan

13. Birthplace No Record

14. Maiden name Ellen Breedlove

15. Birthplace Kokomo Indiana

16. (a) Informant Mrs. Isabella E. Young

(b) Address 1639 Wvandotte

17. (a) Burial (b) Date thereof Jan. 18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) Jan 18, 1944 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1944 hour 2 minute 47 A. M.

21. I hereby certify that I attended the deceased from November 20, 1943 to January 16, 1944
that I last saw her alive on January 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary congestion with Bronchopneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy See above

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) (Means of injury)

23. Signature Dr. E. O. Upsher (M. D. or other) _____
Address Med. Dir., Gen'l Hosp. Date signed 1-17-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 A. R. Haenschel

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.