V. S. No. 2
.00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9895

FILED APR 7 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1393

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: 2118 LINWOOD BLVD / 2ND FLOOR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 39 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 2118 LINWOOD BLVD.
(If rural, give location)

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

If yes, name country ---- 0

3. (a) PRINT FULL NAME MRS. DORA ARMENTA JACKSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. JAY M. JACKSON

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

7. Birth date of deceased NOVEMBER (Month) 3 (Day) 1865 (Year)

8. AGE: Years 78 | Months 4 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace UNION COUNTY (City, town, or county) IOWA (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name GEORGE W. WILSON
13. Birthplace (City, town, or county) NORTH CAROLINA (State or foreign country)

MOTHER
14. Maiden name ELIZABETH JANE WRIGHT
15. Birthplace (City, town, or county) NORTH CAROLINA (State or foreign country)

16. (a) Informant Merrill M. Jackson

(b) Address 1217 W 41 St Kc Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 30 1944 (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) 3-29-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MARCH day 28TH year 1944 hour 9 minute 15 A M.

21. I hereby certify that I attended the deceased from March 25 1944, to March 25 1944; that I last saw her alive on March 25 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4 hrs
Due to Hypertension	2 yrs
Due to Arteriosclerosis	2 yrs
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations None
Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work No (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 714 Bryant Bldg KC Mo Date signed March 29 1944

(Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted]
720 Bryant Bldg.
2:30-5:30

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 E. E. Hotthey

Licensed Embalmer No. 1767

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.