

S. No. 2
M-8-43
v. 5-17-39,
-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9901

State File No. _____
Registrar's No. 1533

Registration District No. 149

Primary Registration District No. 1002

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

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:
3429 TRACY AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 54 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. 3425 HARRISON STREET
(If rural, give location)

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

3. (a) PRINT FULL NAME MR ROY WINGATE JACKSON

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-10-7720

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 3 year 1944 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 3, 1944 to April 3, 1944 that I last saw him alive on April 3, 1944 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. GLADYS M. BUSBY

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

7. Birth date of deceased JANUARY 23 1898
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris

Duration _____

8. AGE: Years 54 Months 2 Days 10
If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 8 months of death) _____

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CREDIT MANAGER

11. Industry or business LOOSE-WILES BISCUIT Co.

12. Name DR. WINGATE JACKSON

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

14. Maiden name SARAH JANE SAMELS

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

16. (a) Informant Miss Tracy
(b) Address 3429 Tracy

17. (a) CREMATION (b) Date thereof APRIL 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLDG

19. (a) 4-7-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 94/5

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) _____

(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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Harold A. Pallett (M. D. or other) MD
Address 1132 Prof. Bldg. U.C.M. Date signed 4/4/44

1132 Professional Body
11:30.5

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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address. KC 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.