V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26871
Registrar's No. 3307

FILED AUG 23 1944

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 Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas City T.B. Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 days (Specify whether years, months or days)
In this community Since 1932.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Co
(If outside city or town limits, write "RURAL")
(d) Street No. 1417 E 12th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME VELMA JACKSON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe
5. Color or race Col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Earl Jackson
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased May (Month) 7 (Day) 1918 (Year)
8. AGE: Years 26 ~~28~~ Months ~~4~~3 Days 1 If less than one day hr. min.
9. Birthplace Holly Springs Miss (City, town, or county) (State or foreign country)
10. Usual occupation Waitress
11. Industry or business
MOTHER FATHER
12. Name James Walker
13. Birthplace Miss (City, town, or county) (State or foreign country)
14. Maiden name Lara Suggs
15. Birthplace Miss (City, town, or county) (State or foreign country)
16. (a) Informant Records of K.C. T.B. Hosp
(b) Address Leeds Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/44 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Hatkins Bros
(b) Address 1729 Lydia
19. (a) 8-11-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1944 hour 3 26 minute A. M.
21. I hereby certify that I attended the deceased from 6-13-, 1944, to 8-8, 1944 that I last saw her alive on August 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 1/2 yrs
Due to 13 K	
Due to	
Other conditions Tuberculosis enteritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same as above

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 Matthew Moore (M. D. or coroner)
Address Leeds Mo Date signed 8/8/44

(Licensed Embalmer's Statement on Reverse Side)

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.