

FILED MAR 3 1945 9

Registration District No. \_\_\_\_\_ 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:  
 531 Lydia Avenue 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community about 40 years  
 years, months or days)

3. (a) PRINT FULL NAME JENNIE JACQUES  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex Female  
 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Walter Jacques  
 6. (c) Age of husband or wife if alive 54 years  
 7. Birth date of deceased January 21 1882  
 (Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 22  
 If less than one day hr. 23 min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 12. Name Gousha Orkuckle  
 13. Birthplace unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Jennie unknown  
 15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Walter Jacques  
 (b) Address 531 Lydia Avenue

17. (a) Burial (b) Date thereof Feb. 19 1945  
 (Burial, cremation or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Shipped by P. E. Alter, Illinois

18. (a) Signature of funeral director Fannie J. Smith  
 (b) Address 1708 E. 18th St. N. C. Mo.

19. (a) 2-16-45 (b) P. E. Brown  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City 48  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 531 Lydia Avenue 3  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) 8  
 If yes, name country 0

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 13  
 year 1945 hour 2:38 minute P. M.  
 21. I hereby certify that I attended the deceased from 1-1-1945 to 2-13-1945,  
 that I last saw her alive on 2-13-1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease  
 Duration \_\_\_\_\_  
 Due to Paralytic nephritis  
 Due to Anticongestive Heart failure  
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: no 131/6  
 Of operations \_\_\_\_\_  
 Of autopsy no  
 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?

While at work? (Specify type of place) \_\_\_\_\_  
 (a) Means of injury \_\_\_\_\_  
 23. Signature J. T. Wells (M.D. or other) \_\_\_\_\_  
 Address 1665-E-18th St. N. C. Mo. Date signed 2-15-45

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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 Fannie L. Meek.....

Licensed Embalmer No. 3818.....

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.**