

S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29725**

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **4055**

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: **St. Mary's HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 days** (Specify whether years, months or days)  
In this community **35 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. **334 S. Brighton** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **MATILDA BARBARA JACOB**  
3. (b) If veteran, name war. **No** 3. (c) Social Security No. **None**  
4. Sex **Fe.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widow**  
6. (b) Name of husband or wife **George P.** 6. (c) Age of husband or wife if alive. **-** years  
7. Birth date of deceased **Jan. 23, 1875**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **30**  
year **1945** hour **12** minute **50 P.M.**  
21. I hereby certify that I attended the deceased from **before**, 19... to... 19...  
that I last saw h... alive on... 19...  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**70** **8** **7** hr. min.

Immediate cause of death **Bronchopneumonia**  
Due to **Cerebral Hemorrhage**

9. Birthplace **Joplin Missouri**  
(City, town, or county) (State or foreign country)

Due to **Fracture left hip**  
Other conditions (Include pregnancy within 3 months of death) **5**

10. Usual occupation **Homemaker**  
11. Industry or business **None**  
12. Name **Nicholas Krill**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Louise Ayers**  
15. Birthplace **France**  
(City, town, or county) (State or foreign country)

Major findings: Of operations **186<sup>2</sup> 18**  
Of autopsy **See Above**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **George P. Jacob**  
(b) Address **3726 Highland**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10/2/45**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Forest Hill Cemetery**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **accident**  
(b) Date of occurrence **Sept 28 45**  
(c) Where did injury occur? **208 W. 35th St. Jackson, Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**public place, at home**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**  
(b) Address **Kansas City, Mo.**  
19. (a) **10-2-45** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

While at work? **no** (Specify type of illness) (c) Means of injury **Fall**  
23. Signature **Jacob Krill** (M. D. or other) **3**  
Address **1424 N. W. 1st St.** Date signed **10-1-45**

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..... *W D Blackburn* .....

Licensed Embalmer No. *3639* .....

P.O. Address..... *15 E W* .....

**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.**