

**FILED** APR 9 7 1946  
 Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City**  
 (c) Name of hospital or institution: **Research Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **6 weeks**  
 In this community **22 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. **712 E. 40th St.**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country **X**

**3. (a) PRINT FULL NAME** **Mrs. Minnie Jackson,**  
**3. (b) If veteran, name war** **no.** **3. (c) Social Security No.** **no.**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **April** day **4**  
 year **1946** hour **9:25** minute **A.** M.  
**21. I hereby certify that I attended the deceased from** **Feb. 16,**  
**1946, to** **4-4-** **1946,**  
 that I last saw her alive on **April 4,** **1946,**  
 and that death occurred on the date and hour stated above.

**4. Sex** **female** **5. Color or race** **white**  
**6. (a) Single, widowed, married, divorced, married**  
**6. (b) Name of husband or wife** **G. M. Jackson** **6. (c) Age of husband or wife if alive** **73** years  
**7. Birth date of deceased** **September 19 1878**  
 (Month) (Day) (Year)

Immediate cause of death **Bronchial pneumonia, Metastasis, inanition.** *Duration*

**8. AGE:** Years **67** Months **6** Days **1875** If less than one day **0** hr. min.

Due to **Metastasis due to carcinoma of ovary.**

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

Due to \_\_\_\_\_  
 Other conditions **None.**  
 (Include pregnancy within 3 months of death)

**10. Usual occupation** **housewife**

Major findings: **Carcinoma of Ovary.** *49a*

**11. Industry or business** **X**

Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**12. Name** **Charles Sartin**

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**13. Birthplace** **unknown,** **9**

**14. Maiden name** **Mary Hamm**

**15. Birthplace** **Illinois**

**16. (a) Informant** **G. M. Jackson,**

**(b) Address** **712 E. 40th, Kansas City, Mo.**

**17. (a) burial** **(b) Date thereof** **4-6-46**

**(c) Place: burial or cremation** **Adrian, Missouri**

**18. (a) Signature of funeral director** **Stine & McClure,**

**(b) Address** **3235 Gillham Plaza, K. C., Mo.**

**19. (a) 4-6-46** **(b) Geraldine Holmes**

**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** *J. M. Montgomery* **(M. D. or other)**  
**Address** *Prospect Blvd* **Date signed** \_\_\_\_\_

12096 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Coyd Bledsoe*  
*A. G. M.*

Dr. J. G. Montgomery

**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 *J. D. Allan*

Licensed Embalmer No. *1415*

P. O. Address *K. C. 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.**