S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27181

FILED SEP 14 1946

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3690

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: 40 Highway 9 & Bellaire 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community few hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 627 N 32nd St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Vernon M. Jacklin
3. (b) If veteran, name war no
3. (c) Social Security Do not know 514-14-1364
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Loreen Jacklin
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased 8 - 9 - 1921 (Month) (Day) (Year)
8. AGE: Years 25 Months 0 Days 16 If less than one day _____ hr. _____ min.
9. Birthplace Atchison Kansas / (City, town, or county) (State or foreign country)
10. Usual occupation Welder
11. Industry or business _____
FATHER 12. Name Morley P Jacklin
13. Birthplace Fargus Canada. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Cassie Wilkins
15. Birthplace MONROVIA Monrovia Kansas / (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Loren Jacklin
(b) Address 627 N 32nd St K.C. Ks.
17. (a) Aurora (Burial, cremation, or removal) (b) Date thereof 8-28-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery, K.C. K
18. (a) Signature of funeral director Daniels Bros
(b) Address 614 Kansas Ave. K.C. Kansas
19. (a) 8-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1946 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from Some, 19____, to _____, 19____;
that I last saw h alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture — Duration
Due to _____
Due to auto + pedestrian
Other conditions (Include pregnancy within 3 months of death) 170 C'-8
Major findings: Of operations 21
Of autopsy no
Hurting + Impingement

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) accident 123
(b) Date of occurrence 8-25-46
(c) Where did injury occur? K.C. Jackson no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury auto Truck
23. Signature [illegible] (M. D. or other) [illegible]
Address 1749 Roy Ply Date signed 8-25-46

(Licensed Embalmer's Statement on Reverse Side)

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 T. L. Walton

Licensed Embalmer No. 2744

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.