

Registration District No. **199**

Primary Registration District No. **1002**

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 of location)
(d) Length of stay: In hospital or institution **23 days** (Specify whether years, months or days) **33 years**

3. (a) PRINT FULL NAME **IZUMA**
Julma Jacobs
3. (b) If veteran name war **no** 3. (c) Social Security No. **none**

4. Sex **Fe** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dusty Jacobs** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **Debman** **5-18-94**
(Month) (Day) (Year)

8. AGE: Years **57** Months **10** Days **21** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Julma Jacobs (CRAYE) II**

13. Birthplace **Belgium**
(City, town, or county) (State or foreign country)

14. Maiden name **Lionie Acheuch**

15. Birthplace **Belgium**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gustaf Jacobs**

(b) Address **4301 Roe Blvd.**

17. (a) **Burial** (b) Date thereof **12-31-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Josephs Cem.**

18. (a) Signature of funeral director **Jates Funeral Home**
(b) Address **45th & Pearl River**

19. (a) **12-31-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kan** (b) County **Ward** **999**
(c) City or town **Rosedale** **14**
(If outside city or town limits, write "RURAL")
(d) Street No. **4301 Roe Blvd**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **26**
year **46** hour minute M.

21. I hereby certify that I attended the deceased from _____, 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 **Reputy Coroner** **Duration**
acute coronary insufficiency
Due to **Coronary Atherosclerosis**
Due to _____

Other conditions **2 car collision**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1700-8**
Of autopsy **See Above** **22**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident. 136**
(b) Date of occurrence **12-11-47**
(c) Where did injury occur **Shawnee, Kansas**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? **no** (Specify type of place) **auto**
(e) Means of injury **TKS 0**
23. Signature **A. G. Walker** (M. D. or other)
Address **2800 Main** Date **12/31/46**

MOTHER FATHER

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

JUL 10 1956

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.....

D Ross Blinford

Licensed Embalmer No. *4015*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.