

**FILED MAY 5 1947**  
Registration District No. **187**

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:  
**3617 E. 23rd. St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community **25 Yrs.** (Specify whether  
years, months or days)

**3. (a) PRINT FULL NAME Florence Lee Jobbins**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Albert Jobbins** 6. (c) Age of husband or wife if alive **X** years  
7. Birth date of deceased **Oct. 24 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>80</b>	<b>5</b>	<b>29</b>	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Susie Isom**

(b) Address **3008 East 20th, Terr.**

17. (a) **Burial** (b) Date thereof **4/26/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **Earp & Sons**

(b) Address **4139 East 15th. St.**

19. (a) **4-25-47** **Althealdine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3008 East 20th, Terr.** **8**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **23rd**;  
year **1947** hour **3** minute **30P.** M.

21. I hereby certify that I attended the deceased from **April 10**, 19**47** to **April 23**, 19**47**  
that I last saw her alive on **April 23**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic PNEUMONIA (LOBAR)** Duration **2 days**

Due to **Chronic Myocardial DEGENERATION** **10-4-75**

Due to **Chronic BRONCHITIS** **15-7-0 4-5**

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:

Of operations **108**  
Of autopsy.....  
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).....  
(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) (e) Means of injury **2**  
23. Signature **Althealdine Holmes** (M. D. or other)  
Address **2207 E. 31st** Date signed **4-26-47**

**H. C. 3, Mo.**

Dr. Culy  
31<sup>st</sup> Broadway  
N. E. Corner

---

---

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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed *John B. Culy*.....

Licensed Embalmer No. *2955*.....

P. O. Address *N. C. Culy*.....

**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.