

U. S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21886**

FILED JUL 7 1947  
Registration District No. **250**

Primary Registration District No. **6-964**

Registrar's No. **101**

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

83  
00

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Rural - Pettis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
8 miles North Parkville  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether)

In this community 1  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Platte

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. R. 7 D. Platte City MO.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Lettie May Jacks

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1947 hour 4:15 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 25 to May 25 that I last saw her alive on May 25 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color of hair White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William W. Jacks

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 7 1873  
(Month) (Day) (Year)

Immediate cause of death Acute Cardiac Decompensation

Due to Hypertensive Heart disease

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 74 Months 0 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rushville MO.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations A 319

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

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Joseph A. Jenkins

13. Birthplace don't know Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Barrett

15. Birthplace don't know Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Eckert

(b) Address R. 7 D. Platte City MO.

17. (a) Burial (b) Date thereof May 28 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Parkville

18. (a) Signature of funeral director Deland H. Francis

(b) Address Parkville MO

19. (a) June 1 - 47 (b) Mrs. B. P. Rollin  
(Date received local registrar) (Registrar's signature)

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 D

23. Signature Hudewood (M. D. or other) \_\_\_\_\_  
Address Parkville MO Date signed 5/24/47

1947-5-25  
1873-5-7  
74-0-18

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address. Parkville 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.**