S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24234

Primary Registration District No. 1002

Registrar's No. 3058

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:
1100 Ward Parkway
(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: 41 Years

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.: 1100 Ward Parkway 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: DAVID C. JESSEE

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Deborah Jessee

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: November (Month) 4th. (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	8	16	hr. min.

9. Birthplace: Lebanon (City, town, or county) Virginia (State or foreign country)

10. Usual occupation: Retired

11. Industry or business:

FATHER

12. Name: Charles C. Jessee

13. Birthplace: Virginia (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Judah Ferguson

15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Howard S. Jones

(b) Address: 1100 Ward Parkway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7 - 22 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Browning, Missouri

18. (a) Signature of funeral director: Freeman Mortuary & Chapel

(b) Address: 104 West 42nd. St. Kansas City, Mo.

19. (a) 7-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th. year 1947 hour minute M.

21. I hereby certify that I attended the deceased from July 1st, 1946, 19..., to July 20th., 1947; that I last saw him alive on July 19th., 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Failure — Duration

Due to: Congestive Heart — Arteriosclerosis Coronary — 14y

Due to: Cerebrally

Other conditions (Include pregnancy within 3 months of death): None

Major findings: None
Of operations: None
Of autopsy: None

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Leslie Denny (M. D. or other)

Address: 6611 K.C. Mo. Date signed: 7/20/47

(Licensed Embalmer's Statement on Reverse Side)

No. 43577

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 Willis H. Bennett

Licensed Embalmer No. 4438

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.