

FILED DEC 26 1947 149  
Registration District No. ....

Primary Registration District No. .... 1002

WRITE PLAINLY—USING 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: 609 Harrison /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 45 Years (Specify whether years, months or days)  
In this community: 45 Years (Specify whether years, months or days)

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.: 609 Harrison 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country: .....

3. (a) PRINT FULL NAME Clark Jacobs

3. (b) If veteran, name war: No 3. (c) Social Security No.: unknown

4. Sex: Male 2 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Divorced  
6. (b) Name of husband or wife: unknown 6. (c) Age of husband or wife if alive: ..... years  
7. Birth date of deceased: June 5, 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>0</u>	.....hr. ....min.

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

10. Usual occupation: Laborer

11. Industry or business: .....

12. Name: Alphonso Jacobs

13. Birthplace: Unknown 4  
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Ann Jackson

15. Birthplace: Glasgow, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant: Nettie Graham

(b) Address: 609 Harrison

17. (a) Burial (b) Date thereof: 12/10/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Independence, Mo.

18. (a) Signature of funeral director: Jakobson

(b) Address: 1729 Lydia Ave

19. (a) 12-10-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th  
year 1947 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12-4-47  
19..... to 12-5-47 19.....  
that I last saw him alive on 12-5-47 19.....  
and that death occurred on the date and hour stated above. Duration 47

Immediate cause of death: Mitral clapping  
Mitral clapping

Due to: .....

Due to: .....

Other conditions: no no  
(Include pregnancy within 3 months of death)

Major findings: med. med.  
Of operations: .....

Of autopsy: no no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): no no

(b) Date of occurrence: no no

(c) Where did injury occur?: no no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?: no no  
(Specify type of place)

While at work: no Means of injury: no

23. Signature: Henry B. Anderson (M.D. or other)

Address: 605-18-187 Date signed: 12-10-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

**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.....

*Bruce Riley*

Registered Apprentice No. *511*

working under my personal supervision.

Signed.....

*L. Jerome M. Anlauf*

Licensed Embalmer No. *3994*

P. O. Address *2023 Highland*

**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.