S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19524

FILED JUL 3 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2622

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: 2025 Prospect Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... About 5 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 2025 Prospect Ave. (If rural, give location)
(e) Citizen of foreign country? No. — (Yes or No)
If yes, name country ——

3. (a) PRINT FULL NAME Thelma Jackson (Colbert)
3. (b) If veteran, name war ——
3. (c) Social Security No. 431-24-3286
4. Sex F 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonard Jackson
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 25 - 1917 (Month) (Day) (Year)

8. AGE: Years 30 — Months 10 — Days 2 — If less than one day ..... hr. ..... min.
9. Birthplace Hope, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Laundry Worker
11. Industry or business Woolf Bros. Lndry.
FATHER
12. Name Albert Blair
13. Birthplace Not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Millie Moore
15. Birthplace Unknown, Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant Terry Blair
(b) Address 1306 Charlotte St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director Lee Davis
(b) Address 1513 Troost Ave.
19. (a) 6-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19 year 1948 hour 11 minute 57 A. M.

21. I hereby certify that I attended the deceased from ..... Deputy 19..., to Corone 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Shock — Duration
Due to Internal Hemorrhage
Due to Gun Shot wound of upper left chest
Other conditions (Include pregnancy within 3 months of death) 1 Ok
Major findings: Of operations
Of autopsy No-condition

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence 6-19-48
(c) Where did injury occur? K.C. Jackson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 2025 - Prospect (Specify type of place)
While at work? ..... (e) Means of injury Gun Shot
23. Signature Phillip Williams (M. D. or other) D.C.
Address 2636 - Brooklyn Date signed 6-22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 C. E. Davis

Licensed Embalmer No. 4417

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.