

o. 300
-10-47
-17-39
PI 3906

FILED AUG 26 1948
Registration District No. **449**

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:
General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 3 days
(Specify whether years, months or days)

In this community 30 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 **5**
(If outside city or town limits, write "RURAL")

(d) Street No. 504 Benton **8**
(If rural, give location) **0**

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

3: (a) PRINT FULL NAME Mary Jacobia

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 Mr. WILLIAM JACOBIA 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased JUNE 2 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>1</u>	<u>25</u>	hr. min.

9. Birthplace KANSAS CITY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ----

MOTHER FATHER { 12. Name UNKNOWN **9**

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

14. Maiden name UNKNOWN **9**

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

16. (a) Informant MR. E. W. JACOBIA

(b) Address 1515 S. WALKERS ST. TULSA, OKLA.

17. (a) BURIAL (b) Date thereof JULY 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CON

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 7-28-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1948 hour 5 minute 5 A. M.

21. I hereby certify that I attended the deceased from April 22, 1948, to July 27, 1948;
that I last saw her alive on July 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary

Due to ----

Due to ----

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

Major findings:
Of operations ----

Of autopsy See above

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 ----

23. Signature Wm W. Hart (M. D. or other) 7-28-48
Address Med. Dir. Gen'l Hosp. Date signed ----

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

*Dr. Keith
Dr. Campbell*

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 *Bernard J. Moran*

Licensed Embalmer No. *4250*

P. O. Address *W.C.M.G.*

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.