

No. 300
A-10-47
7-5-17-39
I 3905

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29821**
Registrar's No. **3613**

FILED SEP 18 1948
Registration District No. **49**

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **since 8-22-47**
Most of her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Harriet R. Jacobs**
(b) If veteran, name war **no.**
(c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
(b) Name of husband or wife **William Wilson Jacobs**
(c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **October 1 1861**
(Month) (Day) (Year)

8. AGE: Years **86** Months **11** Days **1**
If less than one day _____ hr. _____ min.

9. Birthplace **Rochester, New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **Abraham Brinkerhoff Rapalje**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Harriet A. Gray**

15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Doneghy**

(b) Address **618 W. 62nd St., Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **9-4-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **9-4-48** (b) **Sheraldine Holme**
(Date received local registrar) (Registrar's signature)

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. **3910 Campbell**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **2**
year **1948** hour **6:30** minute P. M.

21. I hereby certify that I attended the deceased from **November 1** 19 ~~47~~ to **Sept 2** 19 **48**
that I last saw her alive on **September 2** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerotic heart disease**
Duration **67 yrs**

Due to _____

Due to _____

Other conditions **fractured rt hip**
(Include pregnancy within 3 months of death)

Major findings:
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) **accident 123**

(b) Date of occurrence **7-25-48**

(c) Where did injury occur? **H. C. Jackson, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
hospital

While at work? **no** (Specify type of place) (e) Means of injury **fall**

23. Signature **Blair Zippel** (M. D. or other)

Address **209 N. 22nd St. K.C.M.** Date signed **3 Sept 48**

Dr. J. V. Bell / 2:40
411 Alameda.

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 Charles H. Stickney
Licensed Embalmer No. 45-608
P. O. Address KC 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.