

No. 3000
10-47
5-17-39
I 3908

36633

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 14 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4961

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:
1414 Euclid Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 Years
(Specify whether in this community 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. 1414 Euclid Avenue
(If rural, give location)

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

3: (a) PRINT FULL NAME Hattie Jackson

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1948 hour 2 minute 20 A. M.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Tillman Jackson

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

7. Birth date of deceased March 4, 1848
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 1918, to Nov 30, 1948, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>100</u>	<u>8</u>	<u>26</u>	hr. _____ min. <u>0</u>

Immediate cause of death Senility

Due to Cardio-nephrotic

9. Birthplace Cass Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

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

Due to _____

11. Industry or business _____

12. Name Frank Younger

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

14. Maiden name Minerva

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

Major findings: Of operations 12/15

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lutie Howard

(b) Address 1414 Euclid

17. (a) Burial (b) Date thereof 12/4/48
(Specify cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Woodlawn Cemetery

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? _____

18. (a) Signature of funeral director Ethelind Broad

(b) Address 1429 Lydia Avenue

19. (a) 12-4-48 (b) Elizabeth Holmes
(Date received local registrar) (Registrar's signature)

A. F. Radford (Specify type of place) _____
While at work? (c) Means of injury _____

23. Signature A. F. Radford (M. D. or other) _____
Address 201 Euclid City Date signed 12-2-48

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

MOTHER FATHER

Not used

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 Bruce Riley

Licensed Embalmer No. 4500

P. O. Address 2506 Benton Blvd

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.