

No. 300
-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36634**
Registrar's No. **4869**

FILED DEC 14 1948
Registration District No. **149**

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**
(c) Name of hospital or institution:
2308 East 24th St.
(d) Length of stay: In hospital or institution
In this community **Unknown**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2308 East 24th St.**
(e) Citizen of foreign country? **No**
If yes, name country

3: (a) PRINT FULL NAME **Ida Jackson**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **24**
year **1948** hour **6** minute **28** P. M.
21. I hereby certify that I attended the deceased from **30 October**
1948 to **24 Nov** 19**48**
that I last saw her alive on **24 November** 19**48**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Clarence Jackson**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **June 15, 1876**
(Month) (Day) (Year)

Immediate cause of death
Uremia terminal
Due to **Hypertensive Heart Disease**
Due to

8. AGE: Years Months Days If less than one day
72 **5** **9** hr. min.

Other conditions
Major findings: **9.5.0.**
-Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Housewife**

11. Industry or business
12. Name **Unknown**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carrie R. Morgan**
(b) Address **1110 Euclid**

17. (a) **Burial** (b) Date thereof **11/29/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**
18. (a) Signature of funeral director **Watkins Bros.**
(b) Address **1729 Lyndal Ave.**

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

19. (a) **11-29-48** (b) **Stanhline Holman**
(Date received local registrar) (Registrar's signature)

George H. Taft (Specify type of place) **0**
While at work (c) Means of injury
23. Signature **George H. Taft M.D.**
Address **2123 E. 95th St.** Date signed

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 *J. Jerome Mulrow*

Licensed Embalmer No. 3994

P. O. Address 2603 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.