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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36636  
Registrar's No. 4870

Registration District No. 149

Primary Registration District No. 1002

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:  
1225 East 38th Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether)  
In this community 28 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 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 1225 East 38th Street 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Stella M. JACKSON  
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 married  
6. (b) Name of husband or wife Wm. M. Jackson  
6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased February 19, 1900  
(Month) (Day) (Year)

8. AGE: Years 48 2 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Brookfield, Missouri U  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER

12. Name Robert E. Packham  
13. Birthplace Hannibal, Missouri O  
(City, town, or county) (State or foreign country)  
14. Maiden name Parabe Stufflebean  
15. Birthplace North Salem, Missouri I  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm. M. Jackson  
(b) Address 1225 E. 38th St., K.C., Mo.

17. (a) Burial (b) Date thereof 11-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar  
(b) Address Kansas City, Missouri

19. (a) 11-29-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27  
year 1948 hour 5:30 minute 2 M.  
21. I hereby certify that I attended the deceased from  
Crown, 19, to 19,  
that I last saw h. alive on 19,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary thrombosis  
Due to acute thrombosis  
Due to  
Other conditions (include pregnancy within 3 months of death)  
930

Major findings:  
Of operations  
Of autopsy  
Hyst. + Pap. sm.

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) 3  
(c) Means of injury  
James C. Walker  
23. Signature James C. Walker (M. D. or other)  
Address 6424 1/2 St. Date signed 11-28-48

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

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

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**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 Elen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.**