

FILED MAR 12 1949

STANDARD CERTIFICATE OF DEATH

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State File No. 759

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>About 12 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>720 Campbell</u>		d. STREET ADDRESS (If rural, give location) <u>720 Campbell</u>	
3. NAME OF DECEASED (Type or Print) <u>Howard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1949</u>	
5. SEX <u>Male</u>		7. MARRIAGE STATUS (Specify) <u>Never Married</u>	
6. COLOR OR RACE <u>Negro</u>		8. DATE OF BIRTH <u>April 16, 1897</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Converse, La.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Caultry</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Solomon Wm. Jacobs</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Woods</u>	
13c. NAME OF HUSBAND OR WIFE <u>None</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>452-07-8569</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eva Wilson - 720 Campbell</u>		17. ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Acute Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Hypertensive Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Febr. 1, 1949</u> , to <u>Febr. 13, 1949</u> , that I last saw the deceased alive on <u>Febr. 13, 1949</u> , and that death occurred at <u>7:15 A.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George H. Tart MD</u> (Degree or title)		23b. ADDRESS <u>2204 E. 18th st</u>	
23c. DATE SIGNED <u>2/17/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/19/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-18-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Stalburg</u>		ADDRESS <u>Bella 12/2/49</u>	

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *E. Sterling Bell*

Licensed Embalmer No. *3178*

P. O. Address *1212 Vine St*

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.