

FILED APR 10 1949 STANDARD CERTIFICATE OF DEATH

124175
State File No. 1307

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. LENGTH OF STAY (In this place) 64 yrs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION #818 E. 10th apt 4.				d. STREET ADDRESS (If rural, give location) 818 East 10th apt 4.			
3. NAME OF DECEASED (Type or Print) <i>Lanora</i>		a. (First)		b. (Middle)		c. (Last) <i>Jacobs</i>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
5. SEX <i>F</i>		6. COLOR OR RACE <i>Colored</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Wid</i>		8. DATE OF BIRTH <i>June 1, 1869</i>	
9. AGE (In years last birthday) <i>79</i>		IF UNDER 1 YEAR Months		IF UNDER 2 RES. Days		IF UNDER 24 RES. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Boonville Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John J. Hill</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Gray</i>		14. NAME OF HUSBAND OR WIFE <i>Gas. Jacobs deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Julia Baskerville</i>		18. ADDRESS <i>1332 Daley</i>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of right breast</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>	
		ANTECEDENT CAUSES Morbid 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>no</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <i>1/17</i> , 19 <i>48</i> , to <i>3/19</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>3/19</i> , 19 <i>49</i> and that death occurred at <i>3:54 P.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>M. G. Lewis</i> (Degree or title)				23b. ADDRESS <i>218 Lincoln Bldg.</i>		23c. DATE SIGNED <i>3/22/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>3-23-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Highland</i>		24d. LOCATION (City, town, or county) (State) <i>K.C. Mo.</i>	
DATE REC'D BY LOCAL REG. <i>3-22-49</i>		REGISTRAR'S SIGNATURE <i>Sheldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Adkins Bros. Funeral Home: K.C. Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 P. Kenneth Kerford.....

Licensed Embalmer No. 4437.....

P. O. Address.....

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.