

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4199

| | | | | | | | |
|---|--|--|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (in this place) <u>50yr</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 W 69th Terr.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>816 W 69th Terr.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SOLOMON</u> b. (Middle) _____ c. (Last) <u>JACOBSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1949</u> | | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>-1872</u> | |
| 9. AGE (In years last birthday) <u>77</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SALESMAN</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | | 11. BIRTHPLACE (State or foreign country) <u>MALMO, SWEDEN</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>UNK.</u> |
| 13a. FATHER'S NAME <u>JACOB JACOBSON</u> | | | 13b. MOTHER'S MAIDEN NAME <u>DORAH GREE NBERG</u> | | 14. NAME OF HUSBAND OR WIFE <u>MOLLIE SARAH</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>EUGENE JACOBSON K.C. MO.</u> 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC DISEASE</u> 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 _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| 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) _____ m. _____ | | 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>2/14/49</u> , to <u>12/15/49</u> , that I last saw the deceased alive on <u>12/15/49</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>R. O. [Signature]</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>1310 Bryant Road, K.C., Mo.</u> | | 23c. DATE SIGNED <u>12/30/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 2, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u> | | 24d. LOCATION (City, town or county) (State) <u>KANSAS CITY MO</u> | |
| DATE REC'D BY LOCAL REG. <u>9-30-49</u> | | REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. LOUIS FUNERAL HOME</u> ADDRESS <u>3400 WOODLAND</u> | | | |

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

3400 WOODLAND

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed..... *G. L. Louis*

Signed.....
Student Embalmer

Licensed Embalmer No. *3110*

B. O. Address *H. C. 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.