

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4893**
660

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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 6406 E-10th N 39th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTHEAST OSTEOPATHIC				4. DATE OF DEATH (Month) (Day) (Year) Feb 11 50			
3. NAME OF DECEASED (Type or Print) a. (First) Rudolph		b. (Middle) F		c. (Last) Jacklovich			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV 11 1905	
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIRE DEPT		10b. KIND OF BUSINESS OR INDUSTRY SHEFFIELD STEEL		11. BIRTHPLACE (State or foreign country) PUEBLO COLO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ANTONE JACKLOVICH		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE BEULAH COX JACKLOVICH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NONE		17. INFORMANT'S SIGNATURE OR NAME Beulah Jacklovich ADDRESS K.C. Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES DUE TO (b) Carcinoma of Pancreas DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. General Metastasis throughout abdomen				INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 1 year.	
19a. DATE OF OPERATION 2-10-50		19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction due to malignancy of metastatic lymph nodes.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) lymph nodes.		(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 10-26-49 , 19____, to 2-11-50 , 19____, that I last saw the deceased alive on 2-11-50 , 19____, and that death occurred at 12-15 P m. , from the causes and on the date stated above.							
23a. SIGNATURE H. W. Thompson (Name or title)				23b. ADDRESS 20. 11705 Bryant Bldg		23c. DATE SIGNED 2/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/14/1950		24c. NAME OF CEMETERY OR CREMATORY MT WASHINGTON		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
DATE REC'D BY LOCAL REG. 2-13-50		REGISTRAR'S SIGNATURE Steraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE John P. ...		ADDRESS K.C. Mo	

(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 *John P. Sheil*

Licensed Embalmer No. *9625*

P. O. Address. *K.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.