

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **8763**

**1106**

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>46 YEARS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>722 HARRISON STREET</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
f. STREET ADDRESS <u>722 HARRISON STREET</u>		g. CITY (If outside corporate limits, write RURAL and give township) <u>3138</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LENA</u>		b. (Middle) <u>R.</u>	
c. (Last) <u>JACOBSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 8. 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN-3-1875</u>
9. AGE (In years last birthday) <u>75 YEARS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>ROSENFELDT RUSSIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY RISEBIG</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE KRAFT</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN E. JACOBSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELTON R. JACOBSON</u>	
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.		ADDRESS <u>722 HARRISON ST. KANSAS CITY, MO</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gall Bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic Carcinoma of the Liver</u>		<u>1 mo.</u>	
DUE TO (c) <u>Chronic cholelithiasis</u>		<u>2 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>155x</u>	
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>Mar 1</u> , 19 <u>49</u> , to <u>Mar 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 8</u> , 19 <u>50</u> , and that death occurred at <u>3:00 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John K. Caldwell</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1036 Argyle St. Kansas City, Mo.</u>	
23c. DATE SIGNED <u>3/9/50</u>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>MAR-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>MEMORIAL PARK CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u>	
DATE REC'D BY LOCAL REG. <u>3-9-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City

**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.