

FILED DEC 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37085

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4897

1. PLACE OF DEATH  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
c. LENGTH OF STAY (in this place) 10 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION 1725 1/2 BELLEVIEW

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
d. STREET ADDRESS (If rural, give location) 1725 1/2 BELLEVIEW

3. NAME OF DECEASED  
a. (First) WILBUR b. (Middle) JACKSON c. (Last) JACKSON

4. DATE OF DEATH (Month) (Day) (Year) 11-8-1950

5. SEX MALE

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH FEB. 3, 1903

9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER

10b. KIND OF BUSINESS OR INDUSTRY SHOE SHINER

11. BIRTHPLACE (State or foreign country) KEYTESVILLE, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME RAYMOND JACKSON

13b. MOTHER'S MAIDEN NAME LAURA WILSON

14. NAME OF HUSBAND OR WIFE DON'T KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEORGIA CHAPMAN 2024 Summit

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) UNKNOWN  
ANTECEDENT CAUSES  
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.

INTERVAL BETWEEN ONSET AND DEATH  
795

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11, 1950, to 11, 1950, that I last saw the deceased alive on 11, 1950, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) THOS. A. JONES

23b. ADDRESS 1617 E 17th St

23c. DATE SIGNED 11/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11-14-50

24c. NAME OF CEMETERY OR CREMATORY Westlawn

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 11-21-50 REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRADY-BROWN 1708 TRACY

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Lawrence A. Jones*

Licensed Embalmer No. *4429*

Signed.....  
Student Embalmer

P. O. Address *2300 E. 18th K.C.*

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.