

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16608

State File No.

BIRTH NO. 29250-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2107

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) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 1007 Lydia Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) c. (Last) JACKSON			4. DATE OF DEATH (Month) (Day) (Year) APRIL 13 1951		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH APRIL 13 1951		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. IF UNDER 18 Hrs. Mins. 8 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	

13a. FATHER'S NAME CHARLES DAVID JACKSON		13b. MOTHER'S MAIDEN NAME BETTY JEAN BASTON		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BETTY JEAN JACKSON 1007 Lydia	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY (1 lb. 3 ozs.)			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				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)		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 4-13, 1951, to 4-13, 1951, that I last saw the deceased alive on 4-13, 1951, and that death occurred at 10:15P m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis M. D.		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 4-17-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-16-51		24c. NAME OF CEMETERY OR CREMATORY Woods Cemetery Kansas City MO		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 5-16-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Schuyler		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 provided on the reverse side of this certificate was embalmed by me, or by

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed *Wm A. Schmeyer*

Signed.....
Student Embalmer

Licensed Embalmer No. *3689*

P. O. Address *ITC 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.