

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16610
State File No. 1915

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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) **4 Mo.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **3229 Victor**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **St. Louis**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis City** **2219**
 d. STREET ADDRESS (If rural, give location) **2723 Mill st.**

3. NAME OF DECEASED
 a. (First) **Phillip** b. (Middle) _____ c. (Last) **Jackson**
 4. DATE OF DEATH (Month) (Day) (Year) **4 28 1951**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **10-10-1875** 9. AGE (In years last birthday) **75** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Common Laborer** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Rome Georgia** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **John Jackson** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Tena Caldwell** ADDRESS **3229 Victor 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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute congestive heart failure**
 ANTECEDENT CAUSES **Hypertensive Heart Disease**
 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.
 INTERVAL BETWEEN ONSET AND DEATH
443A

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 **4 March, 1951**, to **28 April, 1951**, that I last saw the deceased alive on **26 April, 1951**, and that death occurred at **1:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE **Royall B. Lemin** (Degree or title) **Royall B. Lemin M.D.** 23b. ADDRESS **1433 E-19th St** 23c. DATE SIGNED **5/2/1951**

24a. BURIAL CREMATION (Specify) **Burial** 24b. DATE **5-3-1951** 24c. NAME OF CEMETERY OR CREMATORY **Woodlawn** 24d. LOCATION (City, town, or county) (State) **Kansas City, Kansas**

DATE REC'D BY LOCAL REG. **5-4-51** REGISTRAR'S SIGNATURE **Sheraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Mrs. J. W. Jones** ADDRESS **440 state ave.**

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

7181

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.....
Student Embalmer

Signed Eugene English
Licensed Embalmer No. 44905

P. O. Address 440 State Ave
N.C. Falls

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.