

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5065

State File No. ....

FILED FEB 16 1952

BIRTH NO. 7570

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002 Registrar's No. 490

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>4006 Highland</b>	
3. NAME OF DECEASED a. (First) <b>Infant</b> (Type or Print)		b. (Middle)	
c. (Last) <b>Jackson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 29 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant - /</b>	8. DATE OF BIRTH <b>1/29/52</b>
9. AGE (In years last birthday) <b>4</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Herbert V. Jackson</b>	
13b. MOTHER'S MAIDEN NAME <b>Betty Lou Swank</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No --</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Herbert Jackson</b>		ADDRESS <b>4006 Highland</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atreticasis Fetal.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prematurity</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 checked="" type="checkbox"/> NO <input 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 <b>1/29, 1952</b> , to <b>1/29, 1952</b> , that I last saw the deceased alive on <b>1/29, 1952</b> , and that death occurred at <b>6:45 P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>C. B. Taylor</b> (Degree or title) <b>C. B. Taylor M.D.</b>		23b. ADDRESS <b>1103 Grand</b>	
23c. DATE SIGNED <b>1/30/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>1/31/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons</b>	
25. ADDRESS <b>4139 Truman Rd. K.C. Mo.</b>		DATE REC'D BY LOCAL REG. <b>1-31-52</b>	
REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons</b>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....

*Not Embalmed*  
.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*William H. Carpenter*

Licensed Embalmer No. *4728*

P. O. Address. *F. 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.