

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8422
1269

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>OR TOWN Kansas City</u>		c. LENGTH OF STAY (In this place) <u>18 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN Kansas City</u>		31580	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1323 East 9th. Street</u>				d. STREET ADDRESS (If rural, give location) <u>1323 East 9th. Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u>			b. (Middle) <u>Etta</u>		c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar - 18 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-8-1898</u>		9. AGE (In years) (last birthday) <u>53</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James R. Long</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Ryan</u>		14. NAME OF HUSBAND OR WIFE <u>Henry M. Jackson</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 ADDRESS <u>Mr. Henry M. Jackson, 1323 East 9th. Street</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 min</u> <u>3 1/2</u> <u>5 1/2</u> <u>443X</u>	
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 <u>Nov 6</u> , 19 <u>51</u> , to <u>Mar 17</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-14</u> , 19 <u>52</u> , and that death occurred at <u>12:00 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. M. Fowler D.O.</u> (Degree or title)				23b. ADDRESS <u>2125 Independence Ave</u>		23c. DATE SIGNED <u>3-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>3-20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Coffeyville, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-18-52</u>		REGISTRAR'S SIGNATURE <u>Shelding Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C.L. Forster, Kansas City, Mo.</u>			

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

1/30 P.M.

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

Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. 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.