

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24508
3219

DECEASED AUG 4 1952

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3219

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) 35 yrs		d. STREET ADDRESS (If rural, give location) 625 N. Brooklyn	
d. FULL NAME OF HOSPITAL OR INSTITUTION 625 N. Brooklyn			
3. NAME OF DECEASED a. (First) LESLIE		b. (Middle) MONROE	
c. (Last) JACOBS		4. DATE OF DEATH July-14-1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY-4-1882
9. AGE (In years last birthday) 70		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Flower Dealer		10b. KIND OF BUSINESS OR INDUSTRY K.C. Pount Light	11. BIRTHPLACE (City and State or Foreign Country) Boone Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.H.		13a. FATHER'S NAME JAMES P. JACOBS	
13b. MOTHER'S MAIDEN NAME HERMANA COOK		14. NAME OF HUSBAND OR WIFE MATTIE L. JACOBS	
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. 486-02-5913	
17. INFORMANT'S SIGNATURE OR NAME MRS. J.L. JACOBS		ADDRESS 625 N. Brooklyn	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Minute) (Second)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens, M.D. (Degree or title)		23b. ADDRESS 1034 Rio Vista Blk.	
23c. DATE SIGNED 7-16-52		23d. DATE July-17-1952	
23e. NAME OF CEMETERY OR CREMATORY ELMWOOD CEM.		23f. LOCATION (City, town, or county) KANSAS CITY MO	
23g. REMOVAL (Specify) BURIAL		23h. DATE July-17-1952	
DATE REC'D BY LOCAL REG. 7-16-52		REGISTRAR'S SIGNATURE Geraldine Holmes	
FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman		ADDRESS 2nd St. N.E.M.	

(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 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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas City, 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.