

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43325**

FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5522** Registrar's No. **231**

no. 4

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

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 OR TOWN Franklin Twp - Rural		c. LENGTH OF STAY (in this place) 7 months	c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION CEDAR CROFT NURSING HOME			e. STREET ADDRESS (If rural, give location) 2616 1/2 GUINOTTE		

3. NAME OF DECEASED a. (First) GEORGE b. (Middle) EVERETT c. (Last) JACOBS			4. DATE OF DEATH DEC. 21, 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 18, 1879		9. AGE (in years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY LOCAL 261	11. BIRTHPLACE (City and State or Foreign Country) GRUNDY COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME OLIVER P. JACOBS	13b. MOTHER'S MAIDEN NAME MARY RANKIN	14. NAME OF HUSBAND OR WIFE FLORA C. JACOBS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487-09-2911	17. INFORMANT'S SIGNATURE OR NAME MRS. FLORA C. JACOBS ADDRESS 2616 1/2 GUINOTTE	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior lobe Heart Disease		DUPLICATE OF (b) Generalized arteriosclerosis 10 yrs.			2 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) (Min.)	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 **June**, 19**53** to **November**, 19**53** that I last saw the deceased alive on **10-20**, 19**53**, and that death occurred at **11:10** A.M., from the causes and on the date stated above.

23a. SIGNATURE William J. Bell M.D. (Degree or title)	23b. ADDRESS 18 East Third	23c. DATE SIGNED 12-22-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec. 23, 1953	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 12/22/53	REGISTRAR'S SIGNATURE NOB Langford	25. FUNERAL DIRECTOR'S SIGNATURE C.H. BLACKMAN & SON INC. ADDRESS K.C.MO.
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MAR 10 1941

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.....
Signature of Student Embalmer

Signed..... *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.