

FILED NOV 5 - 1954

DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33950
4828

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 001 Registrar's No. _____

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) OR TOWN Kansas City

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

STREET ADDRESS (If rural, give location) 2109 Flora 3329

3. NAME OF DECEASED (Type or Print)
a. (First) Frank b. (Middle) Jackson c. (Last) Jackson

4. DATE OF DEATH (Month) (Day) (Year) 10 16 1954

5. SEX 1 Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH October 6, 1877

9. AGE (In years last birthday) 77

IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri O.

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME William 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) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Le Roy Jackson 1233 Sherman Springfield, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES DUE TO (b) Pyelonephritis.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Arteriosclerosis.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 10000

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) m.

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 18-5-54, 19__, to 10-16-54, 19__, that I last saw the deceased alive on 10-16-54, 19__, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) MD

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 10-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10-19-54

24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cem

24d. LOCATION (City, town, or county) (State) Springfield Mo

DATE REC'D BY LOCAL REG. 10-18-54

REGISTRAR'S SIGNATURE neva minchell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.V. Smith 602 W. Jefferson Springfield Mo

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.....
Signature of Student Embalmer

Signed *Herbert V. Smith*.....

Licensed Embalmer No. *428*.....

P. O. Address *Spring*.....

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.