

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1376

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 185

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 211 E. 34th

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No
• STREET ADDRESS (If rural, give location) 40 Home 211 E. 34th 35080

3. NAME OF DECEASED (Type or Print)
a. (First) EDWIN b. (Middle) MONROE c. (Last) JACOBS
4. DATE OF DEATH (Month) (Day) (Year) 1 14 1956

5. SEX D 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct. 21st, 1885 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting Dept. 10b. KIND OF BUSINESS OR INDUSTRY K. C. Power & Light 11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Francis Wm Jacobs 13b. MOTHER'S MAIDEN NAME Ophelia Combs 14. NAME OF HUSBAND OR WIFE Helen M. Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 486-10-7517 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen M. Jacobs, 211 E. 34th St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332h

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) _____ 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 1-10, 1956, to 1-14, 1956 that I last saw the deceased alive on 1-14, 1956, and that death occurred at 12:15 m., from the causes and on the date stated above.

23a. SIGNATURE Graham Owens (Degree or title) _____ 23b. ADDRESS 906 Grand 23c. DATE SIGNED 1-14-56

24a. BURIAL CREMATION, REMOVAL (Specify) Burial 24b. DATE 1-16-56 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 1-14-56 REGISTRAR'S SIGNATURE neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar 1800 E. Linwood

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 *James E. Hacklina*
Licensed Embalmer No. *4573*

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