

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26962**

FILED SEP 11 1956

Registrar's No. **3559**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 3559			
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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. In 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 <u>2121 Prospect</u>				e. STREET ADDRESS (If rural, give location) <u>2121 Prospect</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 11 1956</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8-27-1880</u>			
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Charles Clark</u>		13b. MOTHER'S MAIDEN NAME* <u>Martha Ellen Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Herbert Jackson, Deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilma Jackson 2121 Prospect K.C. Mo.</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>Dehydration and Cachexia</u> ANTECEDENT CAUSES <u>Malnutrition</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>450</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) m.		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>Aug. 11</u> , 19 <u>56</u> , to <u>Aug. 11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Aug. 11</u> , 19 <u>56</u> , and that death occurred at <u>7:45 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>George H. Taft</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2204 E. -18th Street</u>		23c. DATE SIGNED <u>8/11/56</u>			
24a. BURIAL CREMATION (REMOVAL Specify) <u>Burial</u>		24b. DATE <u>8-18-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>8-14-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. J. W. Jones 440 state ave.</u>					

(Licensed Embalmer's Statement on Reverse Side)

K. C. Kansas

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
George H. Taft

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 *Engene English*.....

Licensed Embalmer No. *4410*.....

P. O. Address *440 St. K. C.*.....

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.