

FILED SEP 27 1956

30770
STATE FILE NUMBER
3876

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>807 Cypress</u>			Length of stay in 1b <u>15 yr.</u>		19 d. STREET ADDRESS (If outside, give location) <u>807 Cypress</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>HARRY JACOBS</u>				4. DATE OF DEATH <u>Sept. - 3 - 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 16 - 1888</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>			10. KIND OF BUSINESS OR INDUSTRY <u>Lake City Arsenal</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Cornelius Jacobs</u>				14. MOTHER'S MAIDEN NAME <u>Alice Anna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>506-18-3685</u>		17. INFORMANT <u>Gladys Farris</u> Address <u>55407 Thompson</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>30 yr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Marked Hypertensive C. V. Disease</u>				DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>-</u> Month, Day, Year a. m. <u>-</u> p. m. <u>-</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Jan. 1949</u> to <u>Sept 3, 1956</u> and last saw ^{her} _{him} alive on <u>5-25-56</u> Death occurred at <u>11 pm 9-3-56</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree, or title) <u>Adrian J. Brown MD</u>				22b. ADDRESS <u>4526 Paseo</u>		22c. DATE SIGNED <u>9-4-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 6 - 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cn</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>C. H. Blackman & Son Inc.</u>			25. DATE RECD. BY LOCAL REG. <u>9-4-56</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

Doctor, coroner, etc. must use only standard nomenclature in item 18. (No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Adrian J. Brown

MAY 5 1958

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..... *W.C. Rime*

Licensed Embalmer No. *48*

P. O. Address *K.O. M.*

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.