

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35914

STATE FILE NUMBER 4973

FILED NOV 14 1957

Registration District No. 149 Primary Registration District No. 1002 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, give TOWNSHIP only) OR TOWN KANSAS CITY,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2316 Terrace St		Length of stay in lb Life	d. STREET ADDRESS 2316 Terrace St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) THELMA JACKSON			4. DATE OF DEATH 10 18 1957		
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 19th 1931	9. AGE (In years last birthday) 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		100. KIND OF BUSINESS OR INDUSTRY Cold Storage Co.	11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME ARTHUR Nelson			14. MOTHER'S MAIDEN NAME GENEVIEVE BENNETT		
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. 500 40 2655	17. INFORMANT Address Benevieve Nelson (mother) Bonner Spngs Ks.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compound Comminuted Fracture of Skull DUE TO (c) Struck by Hammer PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) -					INTERVAL BETWEEN ONSET AND DEATH E 983 X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Struck by hammer			
20c. TIME OF INJURY 11:00 p. m. 10/18/1957					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2316 Terrace	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.		COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. M. Tillman Deputy Coroner			22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 10/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Oct 28th 1957	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cemetery		23d. LOCATION (City, town, or county) Kansas City, Mo. (State)
24. FUNERAL DIRECTOR ADDRESS ADKINS FUNERAL HOME K. C. MO.		25. DATE RECD. BY LOCAL REG. 10-26-57		26. REGISTRAR'S SIGNATURE neva Marshall	



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.....
C. Kenneth Boy

Licensed Embalmer No.....
44

P. O. Address.....
2/10

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.