WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 18 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39569

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 5030

City Kansas City (No. 622 East 3rd Street St. Ward)

2. FULL NAME Henry W. Jackson

(a) Residence, No. 816 West 67th St. Terr. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Anna Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 10, 1875

7. AGE: YEARS 59 — MONTHS 3 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Part Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: K. C. Show Case Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Mo.

FATHER

13. NAME: Algot R. Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER

15. MAIDEN NAME: Hanna Pearson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Mrs. Anna Jackson, 816 West 67th St. Terr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Nov. 24, 1934

19. UNDERTAKER (ADDRESS): Freeman Mortuary and Chapel, 104 West 42nd Street

20. FILED 11-23, 1934 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/22/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Gunshot wound of the head

Date of onset

167 167

Other contributory causes of importance:

No

Name of operation: Autopsy — Date of: Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury: 11/22/34

Where did injury occur? 3rd & Holmes St. Kansas City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Business place — Trauma by firearms

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) [signature], M. D.

(Address) [signature]

2 9 1949