

REC'D AUG 8 1938

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

24384
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Waco Primary Registration District No. 1002 Registered No. 2889
(c) City Waco, Mo. (d) Street, No. General Hosp. #2 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2800 E. 55th St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Mo.

FATHER 13. NAME Andrew Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M.O.

MOTHER 15. MAIDEN NAME Alice N. W.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M. O.

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE July 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Waco, Mo.

20. FILED July 18, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14- 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1938, to 7-11, 1938
I last saw him alive on 7-11, 1938 Death is said to have occurred on the date stated above, at 6:25 A.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Type Heart Disease
Decompensation
Date of onset 9/10

Other contributory causes of importance:

Terminal Hypostatic Pneumonia

Name of operation Clinical Date of _____
What test confirmed diagnosis _____ there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. M. Brown M. D.
(Address) General Hosp. #2

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,

C. H. West

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

C. H. West

Licensed Embalmer No.

2710

P. O. Address.....

190.5 Vine

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 this body is not embalmed, above space should be left blank.