

DEC 21 1939

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

39114  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 80  
(b) Township Center, Primary Registration District No. 3-119 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. 8 Mi. S.E. of St. Joseph, Mo. 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Robert Jackson,

(a) Residence, No. R.F.D. # 5, St. Joseph, Mo. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y 29, 1916

7. AGE YEARS 23 MONTHS 8 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bell Boy.  
9. Industry or business in which work was done, as saw mill, bank, etc. Hotel,  
10. Date deceased last worked at this occupation (month and year) October 1939 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) Platte County, 0  
(STATE OR COUNTRY) Missouri, 1

FATHER 13. NAME William Jackson, 0

14. BIRTHPLACE (CITY OR TOWN) Des Moines, 0  
(STATE OR COUNTRY) Iowa,

MOTHER 15. MAIDEN NAME Susie DeMoss,

16. BIRTHPLACE (CITY OR TOWN) Agency,  
(STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) William Jackson  
R.F.D. # 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Nov. 13th, 39

19. FUNERAL DIRECTOR (NAME) Malon. By Gale Bau  
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED Nov. 11, 1939 Mrs. Lucy Powell  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1939 to Nov. 10, 1939  
I last saw him live on Nov. 9, 1939 Death is said to have occurred on the date stated above, at 7:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Tuberculosis - pulmonary Date of onset 1939

Other contributory causes of importance: J.J.

Name of operation none Was there an autopsy? no  
What test confirmed diagnosis? Clinical

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) G.T. Bloomer, M. D.  
(Address) 1218 N. 3rd St.,  
St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District

District File

Date Filed

No. 147

1739-1760

DEC 16 1933

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 Nov. 10, 1933

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 3190 Gate 4 St. / [unclear]

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.