

FILED FEB 15 1940

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

1618

Do not use this space.

1. PLACE OF DEATH

(a) County BATES Registration District No. 50
 (b) Township MT PLEASANT Primary Registration District No. 5074 Registered No. 9
 (c) City (d) Street No. BATES COUNTY HOME 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. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

250 THOMAS W. JACKSON
 (a) Residence, No. RICH HILL MO St. MO
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LEONA JACKSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 5 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER

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) DEC - 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI13. NAME Unknown - JACKSON14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN17. INFORMANT (ADDRESS) Chyster Jackson
RICH HILL MO18. BURIAL, CREMATION, OR REMOVAL PLACE GREENLAWN DATE Jan 27 194019. FUNERAL DIRECTOR (NAME) (ADDRESS) BOOTH FUNERAL HOME
BUTLER MO20. FILED Jan 27 1940 Man & Culver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 23 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1940 to Jan 27 1940
 I last saw him alive on Jan 20 1940 Death is said to have occurred on the date stated above, at 9 A.M.
 The principal cause of death and related causes of importance were as follows:

Emicema Pama
131

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation None Date of
 What test confirmed diagnosis? Was 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?
 If so, specify Chas. A. Dulak M. D.
 (Signed) Butler, Mo
 (Address)

RECEIVED

District Health Officer No. 7,

District File Number 2-40-245

Date Filed 2-13-40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo.

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.