

Registration District No. **404**

Primary Registration District No. **5558**

Registrar's No. **64**

1. PLACE OF DEATH:

(a) County **Jackson Wash. Twp**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8200 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William T. Jackson** ✓ **250**

8. (b) If veteran, name war **X** 3. (c) Social Security No. **702-07-7634**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mollie Jackson** 6. (c) Age of husband or wife if alive **26** years

7. Birth date of deceased **Feb. 26 1864**
(Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **5** If less than one day hr. min.

9. Birthplace **X Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mechanic**

11. Industry or business **Frisco Railroad**

MOTHER FATHER { 12. Name **Ab Jackson**

13. Birthplace **X Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **X Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Caroline L. Lewis**

(b) Address **100th & Wornall**

17. (a) **burial** (b) Date thereof **6/3/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **R. V. Lindsey & Sons**, While at work? (Specify type of place)

(b) Address **3811 Broadway** (c) Means of injury

19. (a) **7-7-40** (b) **Miss Caroline L. Lewis** 28. Signature **J. R. Leira** M. D. or other) 1
(Date received local registry) (Date received local registry) (Address) (Date signed)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **8200 Summit** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1** year **1940** hour **10** minute **30** A.M.

21. I hereby certify that I attended the deceased from **January 1st 1937** to **July 1st 1940**
that I last saw him alive on **June 28 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Complicated Paralytic Stroke** Duration **about 18 months**

Due to _____

Due to _____

Other conditions **J.P.W.**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ (e) Means of injury _____

28. Signature **J. R. Leira** M. D. or other) 1

Address **100th & Wornall** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *James Wheeler*

Licensed Embalmer No. *3738*

P. O. Address *W.C. [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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21952

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 404

Primary Registration District No. 05358

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Warburg
(c) Name of hospital or institution: 820 8200 Summit
(d) Length of stay: In hospital or institution 36-700
In this community 36-700

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(d) Street No. 8200 Summit
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME William T. Jackson

3. (b) If veteran, name war. 3. (c) Social Security 802.07.2634

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Mollie Jackson 6. (c) Age of husband, or wife, if alive 1864 years

7. Birth date of deceased Feb 26 1864 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 5 If less than one day

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation mechanic

11. Industry or business Rice Railroad

12. Name at Jackson Ky

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Warburg Ky

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Miss Caroline R. Lewis

(b) Address 100 St + Wornall

17. (a) Burial (b) Date thereof 6/3/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Meriah

18. (a) Signature of funeral director R. J. Lindsey & Sons

(b) Address 3611 Broadway

19. (a) 9-8-40 (b) Registrar's signature (Date received local registrar) (Registrar's signature)

NEED FOR MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 1 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death stroke paralytic

Due to Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. R. Lewis (M. D. or other)

Address 100 St Wornall Reb Date signed

W. L. ...

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