

Registration District No. **547**

Primary Registration District No. **3029**

Registrar's No. **208**

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Levering
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME George Archibald Jackson
3. (b) If veteran, _____ **3. (c) Social Security** _____
 name war _____ No. _____

4. Sex Male **5. Color or race** White
6. (b) Name of husband or wife Cora Lee
6. (c) Age of husband or wife if _____
 alive 67 years
7. Birth date of deceased October 24 1940
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 19
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Engineer

11. Industry or business Retired

MOTHER FATHER
12. Name Thomas Jackson
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harley Peaker

(b) Address 102 Standard Bldg Chicago Illinois

17. (a) Burial **(b) Date thereof** 7/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Crawford Smith
(b) Address 902 Broadway Hannibal

19. (a) July 18-1940 **(b)** N. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion
 (c) City or town Hannibal
(If outside city or town limits write "RURAL")
 (d) Street No. New London Gravel Road
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
 year 1940 hour 11 minute 30 **A.M.**
21. I hereby certify that I attended the deceased from July 7
 1940, to July 13, 1940
 that I last saw him alive on July 13, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Past-hemorrhage and Past-operative shock.

Due to Supra pubic cystotomy

Due to _____
 Other conditions: Nycturia of prostate
(Include pregnancy within 6 months of death)

Major findings: Hemorrhage from bladder
 Of operations: _____
 Of autopsy: _____

Duration

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? 4/18

While at work? _____ (e) Means of injury _____

23. Signature Demetrius M. D. or other
 Address Hannibal Mo 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 Joseph J. Marsh
Licensed Embalmer No 3932

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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