

NOV 13 1940
Registration District No. 999

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
38 West 57th Street Terrace 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 37 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. Saint Cloe Jackson

3. (b) If veteran, name war None 3. (c) Social Security No. 487-09-8768

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Marie Jackson 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased August 11 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 1 26 hr. min

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

10. Usual occupation salesman

11. Industry or business Prudential Insurance Co. of America

12. Name Charles Jackson

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

14. Maiden name Elizabeth Chancellor

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

16. (a) Informant Mrs. Paul Jackson

(b) Address 38 W 57th Terrace

17. (a) Burial (b) Date thereof October 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Mt. Moriah Cemetery

18. (a) Signature of funeral director D.H. Newcomer, Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-7-40 (b) M. M. Grows
(Date received local registrar) (Registrar's signature)

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. 38 West 57th Street Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th
year 1940 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from September 20, 1940 to October 6, 1940;
that I last saw live on September 20, 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death

Acute pulmonary edema
Chronic diffuse myocardial fibrosis
Coronary sclerosis
Other condition 93.C
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Yes
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? 3101

23. Signature Robert M. Grows (M. D. or other)
Address K. P. Mo Date signed _____

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address A. C. 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, fact should be so stated above.