

Registration District No. **131**

Primary Registration District No. **4091**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Pleasant Hill Mo.
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2

In this community 60 years
years, months or days (Specify whether)

8. (a) PRINT FULL NAME JAMES YAK JHN. JACKSON

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Lula Jackson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 11 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days _____ If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John H. Jackson
13. Birthplace Lawrenceburg Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Williams
15. Birthplace Lawrenceburg Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lula Jackson
(b) Address Pleasant Hill Mo.

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

(c) Place: burial or cremation Sloan Cemetery P.H. Mo

18. (a) Signature of funeral director A.W. Brownfield

(b) Address Pleasant Hill Mo.

19. (a) Oct-9-1940 (b) Mar Etta M Aldridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass
(c) City or town Pleasant Hill, MO
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 10/3 to Oct 5, 1940

that I last saw him alive on Oct 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Sclerosis
Aortic Regurgitation

Due to _____

Due to _____

Other conditions (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 to or about home, on farm, in industrial place, in public place? _____

While at work? 149 (Specify type of place) (e) Means of injury _____

23. Signature P. W. Murray (M. D. or other) _____

Address Pleasant Hill, Mo. Date signed 10/7/40

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

900

NOV 19 1940

OCT 13 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.