

3. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36022

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 340

0
4
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(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 3
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ira Bradley Jackson
3. (b) If veteran, name war _____ (c) Social Security No. 462-14-4300

4. Sex Male 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased Nov 27 1903
(Month) (Day) (Year)

8. AGE: Years 36 Months 11 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Roofer

11. Industry or business _____
MOTHER FATHER { 12. Name George Jackson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mathiasa Ratcliff
15. Birthplace Morgan Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant G. B. Jackson
(b) Address Sedalia

17. (a) Burial (b) Date thereof Oct 28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell

18. (a) Signature of funeral director McLaughlin
(b) Address Sedalia Mo

19. (a) 10/28/40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 306 E 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1940 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____
as Coroner Case only 19 _____
that I last saw him _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Accidental death - hit by railroad train while crossing railroad tracks.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
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) Accident
(b) Date of occurrence 10-26-40
(c) Where did injury occur? Sedalia Pettis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place

While at work? no (Specify type of place) _____
(e) Means of injury hit by railroad train

23. Signature Gerard Stauffer (M. D. or other) M.D.
Address Greene, Pettis Co Date signed 10-28-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-14-40

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 *P. E. Baker*.....

Licensed Embalmer No. *7419*.....

P. O. Address *Sedalia*.....

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.