

JAN 8 1941

Registration District No.

Primary Registration District No.

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:  
2609 a E. 31st Street (rear)  
(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 Andrew Jackson  
(b) If veteran, name war None  
(c) Social Security No. None

4. Sex Male 5. Color or race Col.  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Julia  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 22 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business Common

MOTHER FATHER  
12. Name Jack Jackson  
13. Birthplace Union Point Ga.  
(City, town, or county) (State or foreign country)  
14. Maiden name Salida Jackson  
15. Birthplace Union Point Ga.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. C. Curry  
(b) Address 3105 Prospect

17. (a) Burial (b) Date thereof 12/31/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director N. W. Thatcher

(b) Address 1520 N. 5th Street

19. (a) 12-30-40 (b) M. M. Groom  
(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. 2609 a E. 31st St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th  
year 1940 hour 11: minute 45 a.m.

21. I hereby certify that I attended the deceased from 12-21-1940 to 12-28-1940  
that I last saw him alive on 12-28-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis  
1. Kidney  
Due to Chronic nephritis  
Due to Heart  
Other conditions labor 13!  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy no

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 J. C. Curry (M. D. or other) \_\_\_\_\_  
Address 3105 Prospect Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.

Signature: *Nathan M. Matlock*

Licensed Embalmer No. *2700*

P. O. Address: *1520 N 5th St*

**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.**