No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
[illegible] MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7182

Registration District No. 402 Primary Registration District No. 5551 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson Boyd [illegible]

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
#40 cut off & Little Blue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 years 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5417 E. 35th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME James Jackson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased June (Month) 3 (Day) 1925 (Year)

8. AGE: Years 15 Months Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Fayette (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School boy /

11. Industry or business /

FATHER
12. Name Randolph Jackson /
13. Birthplace Fayette (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nellie Dabney
15. Birthplace Fayette (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Nellie Porter.
(b) Address 5417 E. 35th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- 2 - 40 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director West Appleton & [illegible]
(b) Address 1905 [illegible]

19. (a) ..... (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1940 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19.. to ....., 19..;
that I last saw ..... alive on ....., 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death Death by Drowning

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 48
(b) Date of occurrence 6-29-40
(c) Where did injury occur? Jackson Como (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3 N M P (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. or other) 3
Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 E. N. West

Licensed Embalmer No. 2710

P. O. Address K. 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.