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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19596 17299

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 542

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 hours 45 min. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2705 Garfield Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Infant Jackson
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex female
5. Color or race White
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 May (Month) 22 (Day) 1941 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	16 hr. 45 min.

9. Birthplace St Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER
12. Name Marlin Jackson
13. Birthplace St Joseph (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Geneva Gibson
15. Birthplace Stewartsville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Marlin Jackson
(b) Address 2705 Garfield Ave - St Joseph Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof May 23 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director Neaton B. Gold & Bowman
(b) Address St Joseph Missouri
19. (a) May 23 1941 (Date received local registrar) (b) W. J. Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1941 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 22, 1941, to May 22, 1941; that I last saw he alive on May 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Asphyxia neonatorum	1 day
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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

23. Signature J. Luke Ferguson M.D. (M. D. or other) M.D.
Address 731 Faraon St Date signed 5-23-41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

Not Embalmed

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.