

FILED AUG 16 1941

Registration District No. **399**

Primary Registration District No. **1002**

48
3
8

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

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:
1202 VIRGINIA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 YRS. 1** (Specify whether years, months or days)

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. **1202 VIRGINIA**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **James Jackson**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **Male** 5. Color or race **Col.** 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 **JAN. 15 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **46** Days **021** If less than one day **—** hr. **—** min.

9. Birthplace **Liberty Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE.**

11. Industry or business

MOTHER FATHER { 12. Name **UNKNOWN**
13. Birthplace **—**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN.**
15. Birthplace **—**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Holland**
(b) Address **1202 VIRGINIA**

17. (a) **Burial** (b) Date thereof **7. 16 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge**

18. (a) Signature of funeral director **J. W. McCoy**

(b) Address **1513 Inoué**

19. (a) **7-16-41** (b) **M. H. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**
year **1941** hour **4** minute **50^{AM}**

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

Immediate cause of death **Cerebral hemorrhage**

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) **—**
(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 **7/16/41**

23. Signature **—** (M. D. or other) **—**
Address **—** Date signed **—**

157-5778
157-190
Hans Block
City Park
1st & Central
Crematorium
to program
Dr. H. J. Williams
1211 Park Road

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 *H. J. Williams*
Licensed Embalmer No. 5388
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, above space should be left blank.