

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

Registration District No. 203

Primary Registration District No. 4122

Registrar's No. 24

1. PLACE OF DEATH:

(a) County CLAY County, Mo.
(b) City or town SMITHVILLE MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 weeks
(Specify whether years, months or days)
In this community 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Konan City
(If outside city or town limits, write "RURAL")
(d) Street No. 5103 Park
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JESSE CLAY JACKS

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex male 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife GATTIE PENCE JACKS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 11 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Platte County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name B. F. Jacks

13. Birthplace Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name M. F. White

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Stumens

(b) Address 5103 Park K.C. Mo

17. (a) Burial (b) Date thereof 8-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Marion Funnell Home

(b) Address North Konan City Mo.

19. (a) Sept 10-41 (b) Lula L Ray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1941 hour 12 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 1939 to Aug 22 1941
that I last saw him alive on Aug 22 1941
and that death occurred on the date and hour stated above

Immediate cause of death Angina Pectoris Duration 7 yrs

Due to Arteriosclerosis Hypertension Chr. Nephritis years

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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) Means of injury _____

23. Signature Leonard Dixon (M. D. certificate)

Address Smithville, Mo Date signed 8-22-41

172 (Licensed Embalmer's Statement on Reverse Side)

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
HEALTH CERTIFICATE

RECEIVED
District Health Officer No. 8
District File Number
10-6-07
Filed

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 *Harold L. Ross*

Licensed Embalmer No. *3605*

P. O. Address *North Katy*

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.