

FILLED OCT 16 1941

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 4 Hours
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME John H. Jackson

3. (b) If veteran, name war X 3. (c) Social Security No. 497-07-1697

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mary Jackson 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Oct 30 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 0 If less than one day
60 60 59 11 0 27 hr. min.

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

10. Usual occupation Labor
W. W. Goran Sand Plant

11. Industry or business
12. Name Ierseral Jackson
13. Birthplace Unknown / Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Margert White
15. Birthplace Unknown / Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Clark
(b) Address Pacific, Mo.

17. (a) Burial (b) Date thereof 10/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Missouri

18. (a) Signature of funeral director Thos. J. Webb
(b) Address Pacific, Mo.

19. (a) Sept 28-1941 (b) H. A. May
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
year 1941 hour 11:03 minute P M.

21. I hereby certify that I attended the deceased from Sept 27 1941 to Sept 27 1941;
that I last saw him alive on Sept 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of cervical spine 8 hrs.
Due to: Accident - falling rock at sand plant
Due to: _____

Other conditions: Treatment femur 8 hrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1748
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
(b) Date of occurrence Sept 27, 1941
(c) Where did injury occur? Pacific St Louis, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Sand plant - Industrial place
While at work? yes (e) Stands of industry rock slide
23. Signature Joseph J. May (M. D. or other) M.D.
Address 911 1/4th Washington Mo Date Sept 28, 1941

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

25

M.M.

OCT 16 1944

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.....

August Bernis Jr, Registered Apprentice No. *261*
working under my personal supervision.

Signed *Geo. L. Shubitz*
Licensed Embalmer No. *3008*

P. O. Address *Pacific 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.