

FILED MAR 16 1942

Registration District No. 579

Primary Registration District No. 1002

Registrar's No.

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:
General Hospital No. 20
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution? 2-19-42-2-28-42
(Specify whether years, months or days)
 In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸
 (c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")
 (d) Street No. 2302 Michigan
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME JESSE JACKSON

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased November 2 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>26</u>	<u> </u> hr. <u> </u> min.

9. Birthplace Danville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Andy Jackson
 13. Birthplace Danville Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Georgia
 15. Birthplace Danville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address General Hospital No. 2

17. (a) Buried (b) Date thereof 3-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Displaced

18. (a) Signature of funeral director WATKINS BROS
 (b) Address 1729 Myrtle Ave

19. (a) 3/5/42 (b)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
 year 1942 hour 8 minute 00 a. m.

21. I hereby certify that I attended the deceased from February 19 1942 to February 28 1942
 that I last saw him alive on February 28 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Miliary Tuberculosis with Cachexia

Due to ²²⁰
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same as above

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
 Signature (M. D.)
 Address Gen Hosp # 2-600 E 22 Date signed 3-2-42

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

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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.....

Issac J. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.