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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 96752

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1248

048
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5611 St. John 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 month
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 048 3 0

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2511 East 9th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

**3. (a) PRINT FULL NAME** John Anthony Jackson

3. (b) If veteran, name war None

3. (c) Social Security No. 453-09-0269

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Ella May Jackson

6. (c) Age of husband or wife if alive No. Record years

7. Birth date of deceased Sept. 24, 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Fort Worth, Texas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Mo. Pac. R.R.Co.

FATHER
12. Name Anthony J. Jackson
13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Rigney
15. Birthplace San Antonio, Texas 1
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Jackson
(b) Address 2511 East 9th St. K.C.Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 30-42
(Month) (Day) (Year)
(c) Place: burial or cremation Ft. Worth, Texas

18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. Ave. K.C.Mo.

19. (a) 3-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. day 28
year 1942 hour 11 minute P M.

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

Immediate cause of death Respiratory Coronary

Duration

Due to Acute pulmonary congestion

Due to Chronic myocardial fibrosis

Due to Coronary arteriosclerosis 438
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 93d

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 3

23. Signature [signature] (M. D. or other)
Address K.C.Mo. Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

## 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 with the above constitutes grounds for revocation of license.)**

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