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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21408

Registration District No. 481 Primary Registration District No. 5556 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lone Jack, Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2½ mi North Van Buren Twp. 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 3 months (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Home of Aged 0 (If outside city or town limits, write "RURAL")

(d) Street No. Little Blue Mo 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Andrew L. Jackson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) - 11 (Day) - 1858 (Year)

8. AGE: Years 83 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Scranton (City, town, or county) Penn (State or foreign country)

10. Usual occupation

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs C.K. Burroughs - State Relief

(b) Address Independence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Mrs G B Wubbson

(b) Address Blue Springs Mo

19. (a) June 11, 1942 (Date received local registrar) (b) Mrs Clifford Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1942 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 8 1942, 19.., to June 8, 1942 that I last saw him alive on June 8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	2 mo
Due to Arteriosclerosis	10 yrs
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

83a

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) no.

(b) Date of occurrence

(c) Where did injury occur? none (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 0

23. Signature O. Liston (M. D. ~~or other~~)

Address Oak Grove Mo Date signed 6/9/42

1160 (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. 235-3

P. O. Address Blue Springs 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.