. S. No. 2
DM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26414

Filed OCT 5 1942

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3151

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: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 24 days
In this community (Specify whether years, months or days): ~~2 5 yrs.~~ 6 yrs.

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") 8

(d) Street No.: ~~K.C. General Hospital No. 1~~
(If rural, give location) 205 so. 9th.

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

3. (a) PRINT FULL NAME: JOHN JACKSON

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: unknown

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

7. Birth date of deceased: Apr. (Month) 19 (Day) 1863 (Year)

8. AGE: Years 79 | Months 4 | Days 3 | If less than one day: hr. min.

9. Birthplace: Lexington (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: Clothing store

MOTHER FATHER

12. Name: Benjamin F. Jackson

13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

14. Maiden name: Margaret Ann Robinson

15. Birthplace: no record 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Wm. O. Jackson

(b) Address: Lashlad, Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 8/24/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Higginsville, Mo.

18. (a) Signature of funeral director: Geo. C. Carson

(b) Address: Independence, Mo.

19. (a) 8-22-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 22nd year: 1942 hour: 3 minute: 15 A.M.

21. I hereby certify that I attended the deceased from 7-29-42, 19..., to 8-22-42, 19...; that I last saw him alive on 8-22-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility and infirmities due to advanced age	
Due to: 162 B	
Due to:	
Other conditions: no (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) (e) Means of injury: 0

23. Signature: Henry R. Thom
Med. Dir. K.C. Gen. Hospital K.C. Mo. (M. D. or other)
Address: Date signed:

561 (Licensed Embalmer's Statement on Reverse Side)

OCT 5-1942

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.....Dean Owens.....

Licensed Embalmer No.....4280.....

P. O. Address.....Independence, Me.....

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.