

FILED DEC 18 1942

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4468**

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: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 da 8 hrs.**
(Specify whether
In this community **2 days**
years, months or days)

3. (a) PRINT FULL NAME

Baby Jackson

3. (b) If veteran, name war **-**

3. (c) Social Security No. **-**

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **O.N.B.**
6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **November 28 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 7 hr. 54 min.

9. Birthplace **Kansas City Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **N.B.**

11. Industry or business **-**

MOTHER FATHER
12. Name **John Wm. Jackson**
13. Birthplace **Deepwater Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Maena Marguerite Hawthorne**
15. Birthplace **Seligman Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John Wm. Jackson**
(b) Address **1829 East 81st**

17. (a) **Burial** (b) Date thereof **12-2-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **Melody M. Gilley**
(b) Address **R.R. 2nd Millery**

19. (a) **12-2-42** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1829 East 81st**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **1**
year **1942** hour **5⁰⁰** minute **A.** M.

21. I hereby certify that I attended the deceased from **November 28**
1942, to **Dec. 1**, 1942.
that I last saw him alive on **December 1**, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death
pernativity to no
intrauterine labor.
Due to **not known.**

Other conditions **159**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **-**
Of autopsy **-**

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) (Cause of injury)
23. Signature **[Signature]** (M. D. **-**)
Address **11039nd ave** Date signed **12-1-42**

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

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 *Russell N. Frame*

Licensed Embalmer No. *4255*

P. O. Address *K.C. 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.