V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9136 1183

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. (Specify whether
In this community About 1 hr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Independence 4 (If outside city or town limits, write "RURAL")
(d) Street No. 513 N. Hocker St. 4 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Anna Jackson
3. (b) If veteran, name war —
3. (c) Social Security No. None

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Long Jackson
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 53 Months — Days — If less than one day hr. min.

9. Birthplace Lonejack, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Maid
11. Industry or business Private Family
FATHER
12. Name William Anderson
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Davis
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Stella Capridge
(b) Address 513 N. Hocker St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.
18. (a) Signature of funeral director Ed. Davis
(b) Address Independence, Mo.
19. (a) 3-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day March year 1943 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from 3/6, 1943 to 3-6, 1943 that I last saw her alive on 3/6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-Intestinal Hemorrhage (massive) — Duration
Due to Ruptured Thoracic Aneurysm
Due to of Descending Arch of Aorta — 1 day
Other conditions (Include pregnancy within 3 months of death) 30 D
Major findings:
Of operations
Of autopsy Ruptured Aortic Aneurysm

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
23. Signature L. M. Millman (M.D. or other) M.D.
Address 1618 Lydia Date signed 3/8/43

(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: L. J. Harris Sr.

Licensed Embalmer No. 3388

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.