

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1164
Registrar's No. 1164

MAR 20 1943

Registration District No. 149

Primary Registration District No. 1002

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

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:
4337 Highland Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. ---
(Specify whether years, months or days)

In this community 19 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. William Horace Jackson

3. (b) If veteran, name war. No

3. (c) Social Security No. 995-03-7792

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife. Mrs. Anna I. Jackson

6. (c) Age of husband or wife if alive. 52 years

7. Birth date of deceased. March 4 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>0</u>	<u>3</u>	<u>---</u> hr. <u>---</u> min.

9. Birthplace New York City New York
(City, town, or county) (State or foreign country)

10. Usual occupation Linotype Operator

11. Industry or business The Kansas City Star

12. Name Unknown Jackson

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

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm. D. Jackson

(b) Address 4337 Highland Avenue

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Mar 10 1943
(Month) (Day) (Year)

(c) Place: burial or cremation 147th Olathe, Kansas

18. (a) Signature of funeral director W. H. Newcomer's son

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-8-43
(Date received local registrar)

(b) W. H. Crowe
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4337 Highland Avenue
(If rural, give location)

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

If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1943 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 6 1943, to March 7 1943; that I last saw him alive on March 7 1943; and that death occurred on the date and hour stated above.

Immediate cause of death. Congestive - Pectoris

Due to Has had many attacks during the past 10 yrs

Due to None

Other conditions None 94 B
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None made

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(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? None

While at work? no (Specify type of place)

(e) Means of injury None

23. Signature Eugene Cartwright (M. D. or other) ?
Address 714 Bryant Bldg Date signed 3-7-43

Duration 1 Hr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Harvey Quisenberry

Licensed Embalmer No. *4070*

P. O. Address *ACMo*

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.