

APR 1 1943

Registration District No. 104

Primary Registration District No. 3082

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
In this community 15 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(d) Street No. Madison
(e) Citizen of foreign country? _____ (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. no

4. Sex male 5. Color or race Colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katie Jackson
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased August 4 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 4
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Unknown

MOTHER { 12. Name _____
13. Birthplace 11 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 11 9
(City, town, or county) (State or foreign country)

16. (a) Informant Katie Jackson

(b) Address _____
17. (a) Burial (b) Date thereof Feb 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. H. Wilcox

(b) Address Warrensburg Mo.

19. (a) Mar. 9 1943 (b) Sella M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 16th 1942 to Mar 8th 1943
that I last saw him alive on Mar 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Bronchial)
Duration 5 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____
Of autopsy were

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 _____

23. Signature John T. Anderson (M. D. or other) _____
Address Warrensburg Mo. Date signed Mar 9th 1943

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-5-13

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 myself

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Samuel M. Cloney

Licensed Embalmer No. 3559

P. O. Address Fulton, 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.