No. 2
1-4-41
17-39
X2-9101

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17394

FILED JUN 8 1943

Registration District No. ~~85~~ 42

Primary Registration District No. ~~1001~~ 1000

Registrar's No. 604

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

1. PLACE OF DEATH:

(a) County: BUCHANAN

(b) City or town: ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs 3 Mos 7 Dys (Specify whether years, months or days)

In this community: YES

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: JACKSON

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

(d) Street No.: 1225 Illinois
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: NANCY JACKSON

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: FEMALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: November (Month) 20 (Day) 1884 (Year)

8. AGE: Years 58 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation: ~~Memphis Mo~~ TEACHER

11. Industry or business: School TEACHER

FATHER
12. Name: MELVILL JACKSON
13. Birthplace: Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Emily McPherson
15. Birthplace: Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs BESSIE MORGAN
(b) Address: 1225 Illinois K City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-25-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Memphis Mo

18. (a) Signature of funeral director: Fleming & Son Inc
(b) Address: 1946 Gillham St

19. (a) 5-25-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 27, 1942, to May 22, 1943 that I last saw him alive on May 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia and myocarditis	6 Dys
Due to: Influenza	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 320	

Major findings:
Of operations:
Of autopsy:

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: R B T Sweeney (M. D. or other)
Address: St Joseph Mo Date signed: 5-22-43

1235 (Licensed Embalmer's Statement on Reverse Side) State Hospt #2

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 Robert H Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.