

FILED JUN 9 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 182

80
6
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1905 E 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1905 E 7 (If rural, give location) 4

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

If yes, name country —

3. (a) PRINT FULL NAME Fredrick Jackson

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pearl Jackson 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 11 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>23</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace Snenton, Nottingham England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business M.O.P. Rail Road.

MOTHER FATHER { 12. Name Thomas Jackson

{ 13. Birthplace England 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Hayden

{ 15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Jackson

(b) Address Sedalia Mo.

17. (a) burial (b) Date thereof June 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville Mo.

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 6-5-43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1943 hour 2.15 minute — M.

21. I hereby certify that I attended the deceased from over 12 years
_____ 19____ to June 4 1943
that I last saw him alive on June 3rd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-nephritic Duration 2 years

Due to Arterio Sclerosis — 2 years

Due to Arterio Sclerosis

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

Major findings: none 12/a

Of operations —

Of autopsy none

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) no

(b) Date of occurrence —

(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?

While at work? — (Specify type of place)

(c) Means of injury —

23. Signature Dr. B. Oulice M.D. (M. D. number) 150

Address Sedalia Mo Date signed 6-5-43

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

JUN 9 1943

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 Reed

Licensed Embalmer No.

3745

P. O. Address

Sedalia 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.