

FILED JUN 24 1943  
 Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 2613

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: General Hospital #2 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6/4-6/5/43 (Specify whether  
 In this community 38 Years  
 years, months or days)

3. (a) PRINT FULL NAME John Henry JAMES JACKSON  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 710-18-0504

4. Sex Male 5. Color or face Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lula Jackson 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased March 23 1877  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 6/12 If less than one day hr. min.

9. Birthplace S./Carolina  
 (City, town, or county) (State or foreign country)

10. Usual occupation Brakeman

11. Industry or business Railroad

12. Name Henry Jackson

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

14. Maiden name Susie Ann

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/9/43  
 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Mathews Bros  
 (b) Address 1729 Lydia

19. (a) 6-9-43 (Date received local registrar) (b) J. B. Brown (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. 1229 Paseo  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
 year 1943 hour 12 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 4 1943 to June 5 1943  
 that I last saw him alive on June 5 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis (Pneumococcal) Duration

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature J. B. Brown (M. P. No. \_\_\_\_\_)  
 Address General Hospital #2 Date signed 6-9-43

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**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..... *J. Jerome Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

**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.