

FILED AUG 7 1943
30
0

Registration District No. 241a6

Primary Registration District No. 5335848

Registrar's No. 53

1. PLACE OF DEATH:

(a) County. Dallas

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Dallas

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

(d) Street No. Buffalo Mo
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Stephen Jackson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. M

6. (b) Name of husband or wife. Jane Jackson 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased. 6 13 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 6 8 hr. min.

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

10. Usual occupation. Farmer

11. Industry or business.

12. Name. Samuel Jackson

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

14. Maiden name. _____

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

16. (a) Informant. Jane Jackson

(b) Address. Buffalo Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 12-23-42
(Month) (Day) (Year)

(c) Place: burial or cremation. Oak Lawn

18. (a) Signature of funeral director. H. B. Jones

(b) Address. Buffalo Mo.

19. (a) 11/11/43 (Date received local registrar) (b) Helen Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21 year 1942 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-21 1942 to 12-21 1942 that I last saw him alive on 12-20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Liver

Due to _____

Due to Alc.

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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. Helen Davis (M. D. or other) _____

Address. Buffalo Mo. Date signed 1-11-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number

8-43-742
8-6-43

Date Filed

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

Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address. Buffalo, N.Y.

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.