

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27724

ED SEP 11 1943 42
Registration District No. 25

Primary Registration District No. 1000

Registrar's No. 906

WRITE 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 No. 2, 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years 3 days
(Specify whether)
In this community 18 years 3 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 11
(c) City or town Harrisonville 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd
year 1943 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7-9-1943 to 8-3-1943
that I last saw him alive on 8-2- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Paratyphoid
fever Duration 1 month
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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 J. H. Maroney (M. D. or other)
Address State Hospital No. 2 Date signed 8-3-43

3. (a) PRINT FULL NAME ROY JACKSON

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Olivia Jackson 6. (c) Age of husband or wife if alive under 50 years
7. Birth date of deceased 10-18-1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Cook
11. Industry or business Restaurant cook

MOTHER FATHER { 12. Name Jalen Jackson
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Owens
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Olivia Jackson
(b) Address 414 Johnson St. Fenced Kas.

17. (a) Burial (b) Date thereof Aug 5-43
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville Mo

18. (a) Signature of funeral director W. Johnson Bros
(b) Address Harrisonville Mo

19. (a) 8-3-43 (b) Joe H. Maroney
(Date received local registrar) (Registrar's signature)

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 me

Registered Apprentice No.

working under my personal supervision.

Signed.....

Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address

Harrisonville

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.