. S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36509

FILED DEC 18 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10531

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: Mo Pac RR Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-days (Specify whether years, months or days)

In this community 7-days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Wyandotte

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

(d) Street No.: 420 Troup
(If rural, give location)

(e) Citizen of foreign country? Born in U.S. of Amer. (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: John L. Jackson

3. (b) If veteran, name war: x x x

3. (c) Social Security No. 510-65-7850

4. Sex: Male

5. Color or race: Col

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

6. (b) Name of husband or wife: Flora Jackson

6. (c) Age of husband or wife if alive: About 42 years

7. Birth date of deceased: Jan (Month) 3rd (Day) 1898 (Year)

8. AGE: Years 45 Months 10 Days 27 If less than one day hr. min.

9. Birthplace: Cedar (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation: R.R. Train Porter

11. Industry or business: R.R. Transportation

FATHER
12. Name: John L. Jackson Sr.
13. Birthplace: Hanatio (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name: Mattie Unknown
15. Birthplace: Centerville (City, town, or county) Ark. (State or foreign country)

16. (a) Informant: Mrs. Minnie Jackson
(b) Address: 420 Troup Kansas City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12/2/1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Kansas City Mo

18. (a) Signature of funeral director: Hoag Funeral Home
(b) Address: 7 & W. Truman Blvd. Hoag

19. (a) DEC 1 1943 (Date received by local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1943 hour 7 minute 35 a.m.

21. I hereby certify that I attended the deceased from 11/24/43, 19..., to 11/30/43, 19...; that I last saw him alive on 11/29/43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia

Due to: Post Operative Fecal Fistula and Disruption of Wound

Due to: Lues

Other conditions (Include pregnancy within 3 months of death): None

Major findings: Of operations: Intestinal Obstruction

Of autopsy: None

Duration

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: C. C. Grace Jr. (M. D. or other)

Address: Mo Pacific Hospital Date signed 11/30/43

(Licensed Embalmer's Statement on Reverse Side)

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

My self, Registered Apprentice No.

working under my personal supervision.

Signed R. C. Hauston, Jr.

Licensed Embalmer No. 2266.

P. O. Address 2812 Thomas St.

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.