S. No. 2
OM—2-43
5-17-39
X35697

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

37330

State File No.

FILED NOV 19 1943

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 4635

**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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 hrs. 55 min. In this community: 30 Years (Specify whether years, months or days)

**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.: 709 Washington
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mr. John Samuel Jackson

3. (b) If veteran, name war: None

3. (c) Social Security No.: 496-05-9756

4. Sex: Male

5. Color or race: White

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

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

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

7. Birth date of deceased: July (Month) 25 (Day) 1874 (Year)

8. AGE: Years 69 Months 3 Days 4 If less than one day: hr. min.

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

10. Usual occupation: Pool Racker

11. Industry or business: Miller Pool Room

FATHER
12. Name: James Jackson
13. Birthplace: Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eliza De Haven
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. W. E. Winebrenner
(b) Address: 2817 East 37th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 1, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 11-1-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: Oct. day: 29th year: 1943 hour: 7 minute: 55 A. M.

21. I hereby certify that I attended the deceased from Oct. 28th 1943 to Oct. 29th 1943 that I last saw him alive on Oct. 29th 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Subdural hematoma | |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations:
Of autopsy: See above

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: Drury R. Shoop (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 10-29-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address R. C. 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.**