

FILED: JAN 3 1948
Registration District No. 149

Primary Registration District No. 1002

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:
1415 Charlotte
(If not in hospital or institution, write street number or location)

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

In this community 20 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1415 Charlotte
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred Jackson

3. (b) If veteran, name war World War One 3. (c) Social Security No. 493-14-8985

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>Aprox.</u>	<u>58</u>			<u>9</u> hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business Unknown

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Jackson County, Mo. Coroner

(b) Address Court House, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43
(Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kans.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) 12-13-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10 year 43 hour 3:10 P. minute M.

21. I hereby certify that I attended the deceased from _____ to _____

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____
Due to 936

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Inspection & history

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) (2) Means of injury _____

23. Signature [Signature] 3 (M.D. or other) [Signature]
Address [Signature] Date signed [Signature]

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

JAN 18 1953

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.....

Francis Walton....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. H. Regnier*.....
Licensed Embalmer No. *2744*
P. O. Address *N. 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.