

FILED JAN 19 1944  
Registration District No. **79**

Primary Registration District No. **1002**

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

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:  
**General Hospital No. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution **12-26-43-12-29-43**  
(Specify whether years, months or days)  
In this community **41 years**

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. **1723 Michigan**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **TUNSIL JACKSON**  
(b) If veteran, name war **No**  
(c) Social Security No. **No**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **December** day **29**  
year **1943** hour **10:10** minute **A. M.**  
21. I hereby certify that I attended the deceased from **December 26** 19 **43** to **December 29** 19 **43**

4. Sex **Male** 5. Color or Race **Negro** 6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **0** 6. (c) Age of husband or wife if alive **0** years  
7. Birth date of deceased: **March 13 1876**  
(Month) (Day) (Year)

that I last saw h. **im** alive on **December 29** 19 **43**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Uremia**

8. AGE: Years Months Days If less than one day  
**67 9 16** hr. min.

Duration **1**  
Due to **Hypertensive type Nephritis**  
Due to **0**

9. Birthplace **Howard Co. Mo. 0**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Unemployed**

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations **0**  
Of autopsy **0**

11. Industry or business **0**  
12. Name **Joe Jackson**  
13. Birthplace **Boone Co. Mo. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Carolyn Woods**  
15. Birthplace **Boone Co. Mo. 0**  
(City, town, or county) (State or foreign country)

PHYSICIAN **0**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital No. 2**  
17. (a) **Burial** (b) Date thereof **1-6-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Highland Cem. Adkins Bros.**  
18. (a) Signature of funeral director **0**  
(b) Address **2000 E. 12th R. C. Mo**  
19. (a) **Dec 31 1943** (b) **0**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **0**  
(b) Date of occurrence **0**  
(c) Where did injury occur? (City or town) (County) (State) **0**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**  
While at work? (Specify type of place) (e) Means of injury **0**  
23. Signature **0** (M. D. or other) **0**  
Address **Law Hwy #2 600 E 22** Date signed **12/29/43**

Walter  
Gibbs

**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. 948

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address Kansas City

**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.**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH  
(a) County Jackson  
(b) City or town Kanran city  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Junsil Jackson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race e  
6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

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

8. AGE: Years 67 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.  
mo.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb Day 29 Year 1943 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death Uremia Duration \_\_\_\_\_

Due to Hypertensive type  
Due to chronic nephritis

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) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address San. Hwy. 112 600 E 22nd Date signed 2/5/44

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

SUPPLEMENTARY

MOTHER FATHER

1486