

FILED MAR 6 1944  
Registration District No. 61844

Primary Registration District No. 55992

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg (Rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Royal Hill township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community Intire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Route 4  
(If rural, give location)

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

3. (a) PRINT FULL NAME ROMULUS ELMO JACKSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14  
year 1944 hour 4 minute 7 M.

21. I hereby certify that I attended the deceased from  
25, 1944 to Feb 14 1944

that I last saw him alive on Jan 25 1944  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 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 Dec. 4 1876  
(Month) (Day) (Year)

Immediate cause of death  
Initial degeneration

Due to.....

8. AGE: Years Months Days If less than one day  
67 2 11 ..hr. ..min.

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

10. Usual occupation Farmer

11. Industry or business.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

MOTHER { 12. Name George H. Jackson

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

14. Maiden name Mary E. Mastin

15. Birthplace Monitau County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Will Murray

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Feb 16, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Tabor

18. (a) Signature of funeral director J. J. Hixson

(b) Address Warrensburg, Mo.

19. (a) Feb 16, 1944 (b) Leola M. Williams  
(Date received local registrar) (Registrar's signature)

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?  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Leola M. Williams (M. D. or other)  
Address Warrensburg Date signed 2/14/44

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

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**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 Samuel G. M. Cluney  
Licensed Embalmer No. 3557  
P. O. Address Warrenton, 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.**