

1. PLACE OF DEATH:
 (a) County VERNON
 (b) City or town NEVADA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: NEVADA HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 DAYS
 In this community 75 YEARS
 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME WILLIAM THOMAS JACKSON
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month FEB. day 21
 year 1944 hour 12 30 minute P. M.
 21. I hereby certify that I attended the deceased from FEB 18
 1944 to FEB 21 1944
 that I last saw him alive on FEB 21 1944
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W S
 6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

Immediate cause of death:
HYPERTENSIVE CRISIS
VASCULAR DISEASE
CARDIAC FAILURE
Cerebral Apoplexy
 Duration
10 yrs
100 days
5 days

8. AGE: Years 81 Months 31 Days 5 If less than one day hr. min.
 9. Birthplace JACKSON CO. OHIO
 (City, town, or county) (State or foreign country)
 10. Usual occupation FARMER.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations NONE
 Of autopsy NONE.
 93d
 PHYSICIAN -
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business
 12. Name Andrew JACKSON
 13. Birthplace VA.
 (City, town, or county) (State or foreign country)
 14. Maiden name PHOEBE TRIG
 15. Birthplace OHIO
 (City, town, or county) (State or foreign country)
 16. (a) Informant Leonard Eric Jackson
 (b) Address Rich Hill MO
 17. (a) Burial (b) Date thereof 2-26-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation NEWTON, MO.
 18. (a) Signature of funeral director Dooty-Rich Hill
 (b) Address
 19. (a) 2-26-44 (b) Hazel B. Birch
 (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)
 (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 Wm H Allen MD
 Address NEVADA MO Date signed 2/24/44

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

MAR 24 1950

JUN 18 1949

W. H. ...

Wendy ...

W. H. ...
N.S.D.

2-44-284
3-8-44

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 *John G. Underwood*
Licensed Embalmer No. *3585*
P. O. Address *Butte, Nev.*

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.