V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21845

Registration District No. 164 Primary Registration District No. 5601 Registrar's No. 71

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: Johnson Co. Home Warrensburg Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 (Specify whether

In this community 60 Yrs 5 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 5 1 0

(c) City or town Warrensburg 0 (If outside city or town limits, write "RURAL")

(d) Street No. N. Main St. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph L Jackson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White 2

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Jackson

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

7. Birth date of deceased Dec. 12 (Month) 20 (Day) 1867 (Year)

8. AGE: Years 676 Months 6 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Johnson Co. (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Smith Jackson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Nancy — unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs E. A? Thompson
(b) Address Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.

19. (a) June 26, 1944 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from June 24, 1944, to June 24, 1944 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death accidental

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 10

Of autopsy

Duration

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) accident

(b) Date of occurrence June 24 1944

(c) Where did injury occur? at home (City or town) 0 (County) 51 (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? accidentally fell fractured ribs (Specify type of place)

While at work? at home (e) Means of injury 0

23. Signature Wm R Patterson (M. D. or other)

Address Warrensburg Mo. Date signed 6/26/44

1001 (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 Earl Priest

Licensed Embalmer No. 3878

P. O. Address warrensburg, 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.