

FILED AUG 14 1944

Registration District No. 177

Primary Registration District No. 1002

Registrar's No.

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 5-26-44-7-29-44
 (Specify whether
25 years
 years, months or days)

3. (a) PRINT FULL NAME GEORGE JACKSON

3. (b) If veteran, name war None
 3. (c) Social Security No. 493-12-8088

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Goldie Jackson
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased Unknown 1878
 (Month) (Day) (Year)

8. AGE: Years 66 Months - Days -
 If less than one day hr. min.

9. Birthplace Mexico No. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER } 12. Name George Jackson
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Lizzie Jamison
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address General Hospital No. 2
 17. (a) burial (b) Date thereof 8/3/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery
 18. (a) Signature of funeral director Walter T. ...
 (b) Address 1729 Lydia
 19. (a) 8-2-44 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL") 8
 (d) Street No. 2115 Campbell
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from May 26
 1944 to July 29 1944;
 that I last saw him alive on July 29 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of Lung
(Non T.B.) Duration

Due to Influenza pneumonia

Due to
 Other conditions
 (Include pregnancy within 8 months of death)
33 a

Major findings:
 Of operations
 Of autopsy
 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?

(Specify type of place)
 While at work? at home means of injury
 23. Signature D. E. Brown M. D. or other)
 Address Gen. Hosp. 2115 Campbell Date signed 7/3/44

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..... *J. Malone*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.