

FILED NOV 29 1944

Primary Registration District No. 4099

Registrar's No. 162

1. PLACE OF DEATH: Cass

(a) County Pleasant Hill, Mo

(b) City or town Pleasant Hill, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
years, months or days)

In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Labette

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

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

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME David W. Jackson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 1944
year 1944 hour 6 minute 18 M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1868 years

7. Birth date of deceased Aug. 10 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>8</u>	hr. min.

Immediate cause of death fell dead in sleep probably due to coronary occlusion & old age

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 9/14

9. Birthplace Lawrenceburg, Ind.
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy

10. Usual occupation farmer

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

11. Industry or business
12. Name John A. Jackson
13. Birthplace Lawrenceburg, Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Lawrenceburg Williams
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lula Jackson
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 10-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sloan Cemetery Pleasant Hill, Mo.

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?

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill

While at work? (Specify type of place) (c) Means of injury
23. Signature E. M. Guffey (M. D. or other) Oct 19 1944
Address Harrisonville Date signed Oct 19 1944

19. (a) Oct. 25, 1944 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

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

9
2
0

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.....

By me on - 10-18-44....., Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Brownfield*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Pleasant Hill*.....

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.