

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

FILED JAN 15 1945

42300

**1. PLACE OF DEATH**

County Known Registration District No. 359  
 Township Badger Primary Registration District No. 6217  
 City Nevada Mo Rural

File No. \_\_\_\_\_  
 Registered No. 26  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James William Jackson

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miss Edith Jackson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 - 1887  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrington, Mo

13. NAME Thomas Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Kansas

15. MAIDEN NAME Caroline Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Known

17. INFORMANT Miss Edith Jackson  
 (ADDRESS) Nevada Mo - Route 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Elizabethton Spgs Mo DATE 12 - 17 - 1944

19. UNDERTAKER Dr. Waggoner  
 (ADDRESS) Harvard Mo

20. FILED 12-18 1944 St. J. Doyle  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1944

22. I HEREBY CERTIFY, That I attended deceased from March 1 1944, to Dec. 12 1944

I last saw him alive on Dec. 11 1944. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertension heart disease - Left Ventricular failure

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) O. A. Davis, M. D.  
 (Address) Walker Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C.  
12-04-46  
1-13-46

I certify I embalmed the  
body of J. W. Jackson.  
Owaggon  
Receipt No. 2709.