

FILED FEB 14 1945

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 444 E. Black Dimond
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Ross Jackson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 13. 1855
(Month) (Day) (Year)

8. AGE: Years 89 Months ## Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Gentry Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name J. I. Jackson
13. Birthplace Carnel Co. Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Martina June Ford
15. Birthplace Carnel Co. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant James Jackson
(b) Address Richmond, Mo.
17. (a) Burial (b) Date thereof Jan. 6. 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Mo.
19. (a) Jan 6, 1945 (b) Mrs. Shull Shipp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1945 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-2-45, 19____, to 1-4-45, 19____;
that I last saw him alive on 1-4-45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 days
Due to Arteriosclerosis ?

Due to _____
Other conditions afa
(Include pregnancy within 3 months of death)

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? _____ (c) Means of injury D
23. Signature [Signature] (M. D. or other) 1-4-45
Address Richmond, Mo. Date signed 1-4-45

1280

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

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