

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Jackson City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2508 Hardesty 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town JCO Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2508 Hardesty
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Stephen Jackson
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 25
 year 1945 hour 7 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Sept 1
1945 to Nov 24 1945
 that I last saw him alive on Nov 24 1945
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race wh
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Mary Jackson
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 26 1860
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of Chin
 Duration _____

8. AGE: Years Months Days If less than one day
85 9 29 hrs min

Due to _____
 Due to _____

9. Birthplace JCO
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 53

11. Industry or business _____
 12. Name Andrew Jackson
 13. Birthplace JCO
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Zwick
 (City, town, or county) (State or foreign country)
 15. Birthplace JCO
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Selma Alfert
 (b) Address 2508 Hardesty
 17. (a) Removal (b) Date thereof 11-25-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation Hardesty, Mo.
 18. (a) Signature of funeral director W. A. Foster
 (b) Address JCO
 19. (a) 11-25-45 (b) Seraldine Holmes
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Charly Lee (M. D. or other) _____
 Address 2608 Indip Date signed 11/27/45

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.....

C. H. Wise

Licensed Embalmer No. *2570*

P. O. Address *Kansas City*

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.