S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41415

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 365

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: In Auto at Corner Liberty and Kansas (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 17 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4 (If outside city or town limits, write "RURAL")

(d) Street No. 825 So. Fuller 4 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Jackson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Isador Jackson

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased March (Month) 29 (Day) 1859 (Year)

8. AGE: Years 86 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Lawrence, Kansas 1 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name No Data
13. Birthplace Iowa 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Data
15. Birthplace Tarkio, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. I. Jackson

(b) Address Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Marion Ky. Mo.

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Mo.

19. (a) 12-20-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1945 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1 19 to 19 ; that I last saw h Deputy Coroner 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Inspection & History

Duration

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? (e) Means of injury

23. Signature A. E. Ascher (M. D. or other) M.D.

Address 2800 Main Date signed 12/19/45

1163

(Licensed Embalmer's Statement on Reverse Side)

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 Roland B. Fenske

Licensed Embalmer No. 3604

P. O. Address Indianapolis, Ind.

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.