

FILED MAR 6 1946

STANDARD CERTIFICATE OF DEATH

State File No. 6285

Registration District No. 172

Primary Registration District No. 5642

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Alma Rural
(c) Name of hospital or institution: Middleton Township
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Lafayette
(c) City or town Alma Rural
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

James Jackson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color White

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

6. (b) Name of husband or wife Lenora B. Jackson

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 3, 1865

8. AGE: Years 80 Months 7 Days 18

9. Birthplace Alma Mo

10. Usual occupation Farmer

11. Industry or business

12. Name James E. Jackson

13. Birthplace Virginia

14. Maiden name Olga Carter

15. Birthplace Virginia

16. (a) Informant Young Jackson

17. (a) Burial (b) Date thereof Feb 23-46

18. (a) Signature of funeral director O. Minnerich

19. (a) Feb 26-46 (b) Clayton H. Landrum

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 46 hour 10 minute P M.
21. I hereby certify that I attended the deceased from Feb 6, 1946 to Feb 21, 1946 that I last saw him alive on Feb 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Neurolog 6 days

Other conditions: Dementia 1 year

Major findings: Of operations: Of autopsy: (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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: (Signature) (M. D. or other)
Address: (Signature) Date signed: (Signature)

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

MOTHER FATHER

154

(Licensed Embalmer's Statement on Reverse Side)

D. S. S. SIMMONS

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-5-40

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 Roy F Wiegans

Licensed Embalmer No. 2883

P. O. Address. Higginsville Md

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.