

FILED APR 10 1946

Registration District No. **164**

Primary Registration District No. **3032**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
209 Madison St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no** (Specify whether
In this community **60 Yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson** **51**
(c) City or town **Warrensburg** **22**
(If outside city or town limits, write "RURAL") **22**
(d) Street No. **209 Madison** (If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

John H. 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 **Married**
6. (b) Name of husband or wife **Media Jackson** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **March 11 1881**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12**
year **1946** hour **6** minute **P** M.
21. I hereby certify that I attended the deceased from **June 1945** to **March 12 1946**
that I last saw him alive on **March 12 1946**
and that death occurred on the date and hour stated above.
Immediate cause of death **Enter Cerebral pressure due to cerebellar tumor** Duration **7 days 1 yr.**

8. AGE: Years **65** Months **0** Days **1** If less than one day hr. min.

9. Birthplace **College Camp Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown** **9**
13. Birthplace **unknown** **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Media Jackson**
(b) Address **Warrensburg Mo**
17. (a) **Burial** (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney Phillips**
(b) Address **Warrensburg Mo**

19. **March 13, 1946** (Date received local registrar) (b) **Samuel Overholt** (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **57d**

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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **Samuel Overholt** (M. D. or other) **M. D.**
Address **Warrensburg Mo** Date signed **3-13-46**

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

DEC 30 1953

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.....

J. Earl Priest

Licensed Embalmer No.....3878.....

P. O. Address.....Warrensburg.....Mo.....

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.