

X 33697

FILED MAY 9 6 1946

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. _____

1. PLACE OF DEATH

(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1306 Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **30 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1306 Olive St.**
(If rural, give location)
(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. **none**

4. Sex **Male** 5. Color or race **Col.**

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

6. (b) Name of husband or wife **Elizabeth Jackson**
6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **May 1, 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	57	11	19 hr. _____ min.

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

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER

12. Name **John H. Jackson**

13. Birthplace **Fayette, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Randall**

15. Birthplace **Fayette, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Jackson**
(b) Address **1631 Kansas Ave.**

17. (a) **Burial** (b) Date thereof **4/24/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Guthrie Duv...**
(b) Address **1729 E. 29th**

19. (a) **4-22-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
year **1946** hour **8** minute **35** A.M.

21. I hereby certify that I attended the deceased from **April 18th**, 1946, to **April 20th**, 1946, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to _____

Due to _____

Other conditions **General edema**
(Include pregnancy within 3 months of death)

Major findings: **940**
Of operations _____
Of autopsy _____

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 **J. W. Callahan** (M. D.)
Address **Kansas City, Mo.** Date **April 24, 1946**

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

12095

Dr. A. W. ...

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. Jerome Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.