

No. 2
5-43
5-17-39
X36671

FILED MAY 13 1946
Registration District No. **104**

Primary Registration District No. **4376**

Registrar's No. **6**

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

1. PLACE OF DEATH: **Nodaway**

(a) County **Guilford**

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

(c) Name of hospital or institution: **/**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **all life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Edward Jackson**

3. (b) If veteran, **no** 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 **Lanta Jackson**

6. (c) Age of husband or wife if alive **87** years

7. Birth date of deceased **May 23, 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **10** Days **13** If less than one day hr. min.

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

10. Usual occupation **Construction work**

11. Industry or business **Arthur Jackson**

12. Name **Arthur Jackson**

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

14. Maiden name **Elizabeth Stoner**

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

16. (a) Informant **Mrs. Lanta Jackson**

(b) Address **Guilford, Missouri**

17. (a) **burial** (b) Date thereof **4-8-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Weathermon cemetery**

18. (a) Signature of funeral director **Jerry Funeral Home**

(b) Address **Marionville Mo**

19. (a) **4-7-46** (b) **Mark Egan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway 74**

(c) City or town **Guilford** 0
(If outside city or town limits, write "RURAL")

(d) Street No. **none** 0
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5**
year **1946** hour **5** minute **30** P.M.

21. I hereby certify that I attended the deceased from **1942**
_____ 19____ to **March 1946** 19____;

that I last saw him alive on **March 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Arteriosclerosis - Atherosclerosis

Due to **Coronary Thrombosis**
Arteriosclerosis - Atherosclerosis
obstructed

Other conditions (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? _____

23. Signature **W.P. Jackson** (M. D. or other) **0**
Address **Marionville Mo** Date signed **4-6-46**

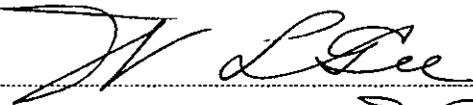
Duration **3 hours**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... 
Licensed Embalmer No. 2539
P. O. Address..... Marysville 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.