

FILED JUN 21 1946

Registration District No.

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Gaspey
(b) City or town Gasolin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Alonzo Jackson

3. (b) Is veteran _____ name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 16, 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace Neosho, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business _____

12. Name Samuel Jackson

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

14. Maiden name Mary Price

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

16. (a) Informant Mrs. R. F. Moore

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1007

18. (a) Signature of funeral director Thompson Funeral Home

(b) Address Neosho, Mo.

19. (a) 5/22/46 (b) Ed Stone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1946 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Renal hemorage Duration 2 days
Due to Arteriosclerosis of heart 15 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 _____

23. Signature Ed Stone (M. D. or other) _____

Address 628 1/2 Main St Date signed 5/21/46

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

19633

46-5-46 /
Dr. Johnson
628 1/2 Main

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.....

George B. Thammell, Registered Apprentice No. *391*
working under my personal supervision.

Signed *Lowey Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho 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.