

S. No. 2
M-8-43
5-17-39
P 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23933**

FILED AUG 9 1946

Registration District No. 12/8 Primary Registration District No. 5570 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: his own home /
(If not in hospital or institution, write street number or location)

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

In this community 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Sibley
(If outside city or town limits, write "RURAL")

(d) Street No. XX (If rural, give location)

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

If yes, name country XX

3. (a) PRINT FULL NAME James Andrew Jackson

3. (b) If veteran, name war no

3. (c) Social Security No. X

4. Sex Male 5. Color or race wh

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

6. (b) Name of husband or wife Mrs. Eliza Jackson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 10 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1946 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 19, 1946, to July 28, 1946

that I last saw him alive on July 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis Duration

8. AGE: Years 79 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Burning Springs West Va. /
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business retired

12. Name Leonard N. Jackson

13. Birthplace West Va. /
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Glass

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

Due to X Several years

Due to X

Other conditions Chronic Bronchitis
(Include pregnancy, within 3 months of death)

Major findings:
Of operations X

Of autopsy X

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Eliza Jackson

(b) Address Sibley Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 29/46
(Month) (Day) (Year)

(c) Place: burial or cremation Sibley, Mo.

18. (a) Signature of funeral director V. M. Keppert
Buckner, Mo.

(b) Address _____

19. (a) July 29/46 (Date received local registrar) (b) V. M. Keppert (Registrar's 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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature V. M. Keppert (M. D. or other)

Address Buckner Mo. Date signed July 29

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

MOTHER FATHER

182

(Licensed Embalmer's Statement on Reverse Side)

July 746

BY STATE

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

personally

Registered Apprentice No. _____

working under my personal supervision.

Signed

V. M. Reppert

2321

Licensed Embalmer No. _____

P. O. Address Buckner 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.