

FILED JAN 13 1947

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 403

1. PLACE OF DEATH:

(a) County MARION

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

(c) Name of hospital or institution:  
St Elizabeth Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 57 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joel WILLIAM JOSEPH JACKSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife LUCY McINTYRE

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased OCTOBER 26 1877  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>1</u>	<u>29</u>	hr. min.

9. Birthplace MARION COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name JOHN T JACKSON

13. Birthplace MARION COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name EMMA B. SNELL

15. Birthplace MARION COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) BURIAL (b) Date thereof 12/22/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation St Judes Cemetery Monroe City

Signature of funeral director WILSON & SONS

Address MONROE CITY, Mo

12-24-46 (Date received local registrar)

W E Mucke (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MARION

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

(d) Street No. Palmyra, Mo R.F.D. 2  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 19  
year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Internal Injury Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: S.H.P. Car was struck by C.B. & 2 Passenger train

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) Accidental hit by C.B. & 2 train

(b) Date of occurrence 12-19-46

(c) Where did injury occur? Ely, Marion, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Mr. R.A. Crossing  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature James Daniel Corne (M.D. or other) \_\_\_\_\_

Address Hannibal, Mo Date signed 12-24-46

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

COPIED BY ASSISTANT FATHER

NOV 26 1947

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lester L. Wilson

Licensed Embalmer No. 3014

P. O. Address. Morse City, 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.**

State of Missouri  
County of Marion } ss.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS  
AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 41341  
Local Registrar's No. 403

On this 22nd day of January, 1947, before me appears Carl E Knight, who, upon his oath, states that the original record of <sup>birth</sup> death for William Joel Jackson <sup>died</sup> <sub>born</sub> December 19th, 1946, in the State of Missouri, and which was filed at Hannibal on Dec 24, 1946, should be corrected as follows:

- Item No. 3 should read William Joel Jackson  
Instead of William Joseph Jackson
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Carl E Knight Son in law  
Affiant Carl E Knight Relationship.  
2708 Hill Street, Hannibal, Mo.  
Present Address.

Subscribed and sworn to before me this 22nd day of January, 1947

My Commission expires June, 1947

W C Fisher Notary Public  
W C Fisher, City Clerk

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

