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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9158

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 1166

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 315 West 9th Street, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 315 West 9th Street, 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Hugh M. Jackson

3. (b) If veteran, name war no.

3. (c) Social Security No. No

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife x

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

7. Birth date of deceased January (Month) 19 (Day) 1877 (Year)

8. AGE: Years 70 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Pennsylvania /
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad

11. Industry or business Missouri Pacific

FATHER
12. Name David R. Jackson /
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Marshall
15. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jean Smith,
(b) Address 5019 Forest, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 3-14-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 11:00 minute a 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 Coronary insufficiency

Due to Cellar schrom

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no
Kidney & Injection

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature [signature] (M. D. or other) Coroner
Address [illegible] Date signed 3-13-47

(Licensed Embalmer's Statement on Reverse Side)

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. 1415

P. O. Address.....

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.