No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24231

Registration District No. 144 Primary Registration District No. 1002 Registrar's No. 2979

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

(d) Length of stay: In hospital or institution 3 days. (Specify whether
In this community over 10 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. 2314 Wabash 8
(If rural, give location)

(e) Citizen of foreign country? ~~Yes~~ No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James A. Jackson

3. (b) If veteran, name war no

3. (c) Social Security No. 496-03-9877

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Missie

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 3rd 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67 years	5	6	hr. min.

9. Birthplace Colorado Springs Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Laborer

FATHER
12. Name Robert Jackson 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Missie Jacksin 9
(City, town, or county) (State or foreign country)

16. (a) Informant Missie Jackson

(b) Address 2314 Wabash Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-47
(Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Ramsey & Son

(b) Address 1708 Tracy

19. (a) 7-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1947 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from July 3, 1947, July 9, 194 to July 9, 1947, that I last saw him alive on July 9, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death PYONEPHROSIS — CYSTITIS — (RECTAL PROTUSION) (previous diarrhea) — Duration 7-DAYS

Due to

Due to

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

Major findings:
Of operations —
1330
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?
(Specify type of place)

While at work? (e) Means of injury —

23. Signature [signature] (M. D. or other) 0

Address 422 Minn Ave Date signed 7-12-47

(Licensed Embalmer's Statement on Reverse Side) A. PORTER DAVIS, M.D.

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 Gorham by J. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1708 Tracy

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.