S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

30716

State File No.

Registration District No. 73 | Primary Registration District No. 3014 | Registrar's No. 35

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

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 428 N. Main (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 14 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay 24
(c) City or town: Liberty (If outside city or town limits, write "RURAL") 2
(d) Street No.: 428 N. Main (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: William Jackson
3. (b) If veteran, name war: No
3. (c) Social Security No.: 496-09-4358

4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Jackson
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: March 7, 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	5	24	hr. min.

9. Birthplace: Pennistown, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Unknown 9
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Mary Jackson 1
(b) Address: 428 N. Main St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: Washington Bros.
(b) Address: 1729 Lydia Kansas City Mo.
19. (a) Sept. 2, 1947 (Date received by local registrar) (b) Minnie Haynes (Registrar's signature) 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1947 hour 5 minute 25 P M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw ..... alive on ..... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Stroke	
Due to: Coronary Cause	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Autopsy 8/31	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Stroke
(b) Date of occurrence: Aug. 31st 1947
(c) Where did injury occur? Liberty Clay Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 428 N. Main St. (Specify type of place)
While at work? (e) Means of injury
23. Signature: R.W. Grother Coroner (M. D. or other)
Address: Excelsior Springs Mo. Date signed 9-2-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-19-47

NOV 24 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.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed D. J. Manlove
Licensed Embalmer No. 3994
P. O. Address 2503 Highland
Kansas 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.