No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31269

Registrar's No. 4055

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

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: En Route to General Hosp. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community About 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clayson
(c) City or town North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Camp #51 - Burlington R.R.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carwell Jackson
3. (b) If veteran, name war None
(c) Social Security No. 462-12-4551 none

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Betty M. Jackson
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased October - 8 - 1908
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Pilot Point Texas
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Burlington R. R.
FATHER
12. Name A. L. Jackson
13. Birthplace Pilot Point Texas
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda Wright
15. Birthplace Denton Co. Texas
(City, town, or county) (State or foreign country)
16. (a) Informant Otis Wright
(b) Address 1043 Paseo
17. (a) Burial (b) Date thereof 9-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St., Kansas City, Mo.
19. (a) 9-24-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18
year 1947 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from ..... to ..... 19.....;
that I last saw him alive on ..... 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death Shock
Internal Hemorrhage
Due to
Due to Gun Shot Wound of Head & upper Chest
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 166
Of autopsy Same as above

Duration

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) Homicide
(b) Date of occurrence 9-18-47
(c) Where did injury occur? K. C. Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Street
(Specify type of place)
While at work? No (e) Means of injury Gun Shot
23. Signature J. Williams (M. D. or other)
Address 2636 - Brooklyn Date signed 9-23-47

Jefferson City Printing Co.

(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.....E. Sterling Bills

Licensed Embalmer No.....3178

P. O. Address 1212 Vine St., Kansas Ci

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.

No. 2B
M—3-45
B I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 949 Primary Registration District No. 1002 Registrar's No. 4055

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: Enroute to Gen. Hosp. #2 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Carwell Jackson.

3. (b) If veteran, name war

3. (c) Social Security No. 462-12-4551

4. Sex

5. Color or race

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-24-47 (Date received by local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 8 year 1947 Hour minute 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 — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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)

(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

S-31269