No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 232

FILED JAN 19 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 23

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In Alley Between Main & Second Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 102½ North 2nd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME John Milton Jackson
3. (b) If veteran, name war World War #I
3. (c) Social Security No. 499-20-0933

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Viola
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased January 22 (Month) 1891 (Day) (Year)

8. AGE: Years 56 Months 11 Days 11 If less than one day hr. min.

9. Birthplace St Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Labor
11. Industry or business Dugdale Packing Co.

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

MOTHER
14. Maiden name Lena Frank
15. Birthplace ✓✓ (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Viola Jackson
(b) Address Cameron, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery
18. (a) Signature of funeral director Herman Wm Sidenfaden
(b) Address 1802 Union Str. St Joseph Mo.
19. (a) 1-12-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 343

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd year 1948 hour 11 minute 00 P.M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Jan. 4, 1948, 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 Fractured base of skull, and hemmorhage from knife wound
Due to and exposure.
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Autopsy, Fractured skull and leg wound.
Of autopsy Yes

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 Jan. 4, 1948
(c) Where did injury occur? St. Joseph (City or town) Buchanan (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No. (e) Means of injury Knife

23. Signature B. W. Tadlock (M. D. or other)
Address King Hill Bldg St Joseph, Mo Date signed Jan 10 48

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

JAN 19 1948

## 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. Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.