

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 20 1948

Registrar's No. 1037

Registration District No. 149

Primary Registration District No. 1002

48  
2  
8  
WRITE PLAINLY—USE 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: GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1110 E. 17TH STREET 8  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME SAMUEL JACKSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex MALE 2 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ESTER JACKSON 6. (c) Age of husband or wife if alive ink years

7. Birth date of deceased DECEMBER 25, 1878  
(Month) (Day) (Year)

8. AGE: Years 69 Months 12 Days 8 If less than one day hr. min.

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

10. Usual occupation CARPENTER

11. Industry or business *for self*

MOTHER FATHER

12. Name THOMAS JACKSON

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

14. Maiden name MATTIE MITCHELL

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

16. (a) Informant ESTER JACKSON (WIFE)

(b) Address 1110 E. 17TH STREET

17. (a) *Burial* (b) Date thereof 3-6-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge CEM.

18. (a) Signature of funeral director Brady Brown

(b) Address 1708 Tracy

19. (a) 3-6-48 (b) *Thelma Holmes*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 3,  
year 1948 hour 1: minute 15 P. M.

21. I hereby certify that I attended the deceased from MARCH 2, 1948, to MARCH 3, 1948;  
that I last saw him alive on MARCH 3, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death 1. ACUTE PULMONARY CONGESTION AND EDEMA

2. HYPERTROPHY AND DILITATION OF HEART

3. GENERALIZED ARTERIOSCLEROSIS

4. HYPERTENSIVE HEART DISEASE

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy SAME AS ABOVE

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?

While at work (Specify type of place) Means of injury

23. Signature *Kenko* M. D. or other) M. D.  
Address GENERAL HOSPITAL NO. 2 Date signed 3/3/48

DEC 11 1951

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**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.....

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.**