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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 5 1948
Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 13092

Registrar's No.

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County 999
(c) City or town Picher 14
(If outside city or town limits, write "RURAL")
(d) Street No. 300 E. A Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME ADDISON O. JACKSON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE C
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DECEMBER (Month) 2, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	10	hr. min.

9. Birthplace Caldwell County, Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Miner
11. Industry or business

FATHER
12. Name John W. Jackson
13. Birthplace Trigue County, KY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Fanny Rice
15. Birthplace Caldwell County, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. S. Curry,
(b) Address 122½ E. Main St. Princeton, Kentucky
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Princeton, Kentucky
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 4-15-48 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th
year 1948 hour 9:24 minute a M.

21. I hereby certify that I attended the deceased from 2 April 8, 1948, to April 11, 1948;
that I last saw him alive on April 11, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	1 hr.
Due to: Chr. myocarditis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death): Silico-tbc	20 yrs.

Major findings:
Of operations
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)
(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 0

23. Signature S. W. Scorse (M. D. or other) M.D.
Address 308 Frisco Bldg, Joplin Date signed 4-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-5-356

JUL 17 1946

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.