FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 18752

Registrar's No. 643

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 1 year
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. 216 Clayton St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willis A. Jackson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 2 (Day) 1880 (Year)

8. AGE: Years 67 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Rufus A. Jackson
13. Birthplace Plattsburg (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Damaris Dickson
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Charles Jackson
(b) Address Plattsburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Log Cemetery

18. (a) Signature of funeral director Heaton - Bowman
(b) Address St. Joseph, Mo.

19. (a) 6-14-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1948 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 29, 1948, to June 9, 1948
that I last saw him alive on June 8, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Virus Pneumonia	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 10 9/a	

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

23. Signature G. J. Gross (~~[illegible]~~ other) DO

Address 5008 King Hill Ave. St. Joseph, Mo. Date signed 6-9-48

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.....Eugene Wood.....

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, M

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.