

S. No. 300
DM - 10-47
Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19521
2494
Registrar's No. _____

FILED JUN 26 1948, 49
Registration District No. _____

Primary Registration District No. 1002

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:
1616 East 24th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 Years years, months or days)

3. (a) PRINT FULL NAME Andrew Jackson

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie Jackson 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased January 4, 1894
(Month) (Day) (Year)

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

54 5 9 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Wilson & Co.

12. Name Clayton Jackson

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

14. Maiden name Sallie Williams

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

16. (a) Informant Katie Jackson

(b) Address 1508 Forest

17. (a) Removal (b) Date thereof 6/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director J. J. ...

(b) Address 1739 ...

19. (a) 6-14-48 Edw. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1508 Forest 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1948 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure Hypertensive Heart Disease
Due to Acute Alcoholism

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93

Of autopsy No Permit

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) (e) Means of injury _____

23. Signature W. ... (M. D. or other) _____
Address 2636 ... Date signed 6-14-48

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..... *Gertrude Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address. *2503 Highland Ave*.....

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.