

FILED JUL 15 1948

Registration District No. 174

Primary Registration District No. 5644

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lafayette County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
In this community all life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2840 Benton 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Richard Taylor Jackson

3. (b) If veteran, name war. 3. (c) Social Security No. _____

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie Edwards 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May, 3d., 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Lafayette County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Daniel Frank Jackson

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Marion Alverna 9

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Jackson,

(b) Address Order, Mo.

17. (a) Burial (b) Date thereof 6-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn, Mo. Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Higginsville, Mo.

19. (a) 7-7-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 24th, year 1948 hour _____ minute P. M.

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

Immediate cause of death Arterio-sclerosis years

Due to _____

Due to _____

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

Major findings: Of operations [Signature]

Of autopsy _____

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 0

23. Signature [Signature] (M. D. or other) M.D.

Address Higginsville, Mo. Date signed 6-25-48

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

54
3
2

48
3
8
1

MOTHER FATHER

RECEIVED

District Health Officer No. &

District File Number.....

Date Filed 7-14-48

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 Forrest A. Hooper

- - Licensed Embalmer No. 4358

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.