

National Office of Vital Statistics
FILED JUL 9 1948

Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **179**

1. PLACE OF DEATH:
(a) County... **Randolph**
(b) City or town... **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... **Wabash Employee Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **70 minutes**
(Specify whether In this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... **Missouri** (b) County... **Randolph**
(c) City or town... **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No... **900 Fisk Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

48
6
3
0

3. (a) PRINT FULL NAME **JOHN NORMAN JACKSON**
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JUNE** day **28**
year **1948** hour **11** minute **45** M.

4. Sex **MALE** 5. Color or race **COLORED**
6. (a) Single, widowed, married, divorced... **married**
6. (b) Name of husband or wife... **BERTHA** 6. (c) Age of husband or wife if alive... **56** years
7. Birth date of deceased **February 20 1893**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 5 - 4 1/2 June 29 1948**
that I last saw him alive on **June 28 1948**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 4 8 hr. min.

Immediate cause of death... **CEREBRAL HEMORRHAGE** Duration **2 hrs.**
Due to **HYPERTENSION AND ARTERIO-SCLEROSIS** **5 YRS.**

9. Birthplace **Chariton County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **fire litter; Wabash R.R.**

Other conditions... (Include pregnancy within 3 months of death)
Major findings: **None**
Of operations... **None**
Of autopsy... **None**

11. Industry or business...
12. Name **Ead Jackson**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Harriett Butner**
15. Birthplace **Randolph County Missouri**
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant **Mrs. Bertha Jackson**
(b) Address **Moberly, Missouri**
17. (a) **burial** (b) Date thereof **7/1/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oakland Cemetery Moberly, Missouri**
18. (a) Signature of funeral director **Tom B. Patton**
(b) Address **Hunterville, Mo.**
19. (a) **July 18 1948** (b) **Leah Williams Lowe**
(Date received from registrar) (Registrar's signature)

23. Signature **Leah Williams Lowe** (M. D. or other)
Address **Moberly Mo** Date signed **June 29 48**

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

AUG 27 1948

RECEIVED
District Health Officer No. 10
District File Number 7-48-120
Date Filed JUL 7 - 1948

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 Tom B. Patton
Licensed Embalmer No. 3914
P. O. Address Huntwell Dr

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.