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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 49

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4907

Primary Registration District No. 1002

Registrar's No. 4907

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 5334 Agnes Ave.
(d) Length of stay: In hospital or institution 32 years
In this community 32 years

3. (a) PRINT FULL NAME Andrew Jackson
3. (b) If veteran, name war: _____
3. (c) Social Security No. 513-07-1010

4. Sex Male 5. Color of race Negro
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Pearl Jackson
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec 18 1879

8. AGE: Years 68 Months 11 Days 9
If less than one day hr. _____ min. _____

9. Birthplace Austin Arkansas

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Andrew Jackson

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Mrs Pearl Jackson

(b) Address 5334 Agnes Ave

17. (a) Burial (b) Date thereof 12 29 48

(c) Place: burial or cremation Lincoln Cem

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

(b) Address 1820 East 18th St

19. (a) 12-1-48 (b) Steldine Holmer

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 5334 Agnes Ave.
(e) Citizen of foreign country? No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
year 1948 hour 11 minute PM M. _____

21. I hereby certify that I attended the deceased from 11-27-48 to 11-27-48
that I last saw him alive on 11-27-48
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease
at Coronary Insufficiency

Due to: Generalized atherosclerosis

Due to: Chronic interstitial nephritis

Other conditions: Decompensated HTN

Major findings: Of operations _____

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

J. S. Wells (Specify type of place) _____
While at work? _____ (d) Means of injury _____

Signature J. S. Wells (M. D. number) _____
Address 2122 E-15 Rd Date signed 11-29-48

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 AB Moore

Licensed Embalmer No. 2440

P. O. Address 1820 E 18th St

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.