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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 8 1948
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37067
Primary Registration District No. 3028
Registrar's No. 275

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper County Farm 5 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")
(d) Street No. 119 E. 9th St. 5 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME ANDREW JACKSON
3. (b) If veteran, name war ---
3. (c) Social Security No. ----
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced ? 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 2 (Day) 1865 (Year)
8. AGE: Years 83 Months 4 Days 27 If less than one day hr. min.
9. Birthplace Norwich (City, town, or county) New York (State or foreign country) 1
10. Usual occupation retired merchant
11. Industry or business ----
MOTHER FATHER
12. Name Asa Jackson 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Margaret Blancoe
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Knell Mortuary
(b) Address Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 1, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.
19. (a) 12-1-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1948 hour 9:15 minute P M.
21. I hereby certify that I attended the deceased from Nov. 29, 1948, to Nov 29, 1948 that I last saw him alive on Nov 29-48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Bright's disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature T. E. Baker (M. D. or other)
Address Carthage Mo Date signed 12-7-48

(Licensed Embalmer's Statement on Reverse Side)

48-12-1011

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 Frank W. Kuell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.