

No. 300
10-47
5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37482**
Registrar's No. **46**

Registration District No. **247**

Primary Registration District No. **5839**

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

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **NEWTON**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **GRANBY TWP.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JACK BENTON JACKSON**
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **500-09-4354**
4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **HESTER JACKSON** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **JANUARY 5 1890**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **NOV** day **20**
year **1948** hour **12 NOON** minute _____ M.
21. I hereby certify that I attended the deceased from **OCT 15**, 19**48**, to **NOV 20**, 19**48**,
that I last saw him, alive on **10 NOV**, 19**48**,
and that death occurred on the date and hour stated above.

Immediate cause of death **LYMPHOSARCOMA - CERVICAL** 18 MO
Duration _____

8. AGE: Years **58** Months **10** Days **15** If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace **BARRY COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) **25%**

10. Usual occupation **CARPENTER**

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name **LESTER JACKSON**

13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name **KATHERINE JACKSON**

15. Birthplace **GREEN COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hester Jackson**

(b) Address **Granny mo. R# 2**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **11-24-1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **JACKSON CEMETERY**

18. (a) Signature of funeral director **Carley Thompson**

(b) Address **_____ mo.**

19. (a) **11-24-48** (Date received local registrar) (b) **M. L. Young** (Registrar's signature)

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) Means of injury **(C)**

23. Signature **W. J. Day** (M. D. or other) **M.D.**
Address **Neosho Mo.** Date signed **22 Nov 48**

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

MOTHER FATHER

RECEIVED
Houston Co. Health Officer No. 1248-422
District Health Officer No. 1248-422
District File Number 12-1-48
Date Filed

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.....

Ralph X. Patterson, Registered Apprentice No. 270
working under my personal supervision.

Signed Corley Thompson
Licensed Embalmer No. 3259
P. O. Address Neesho Mo.

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.