

FILED JAN 6 1949

State File No. \_\_\_\_\_

Registration District No. 360

Primary Registration District No. 6228

Registrar's No. 7

1. PLACE OF DEATH:  
(a) County Vernon  
(b) City or town Stotesbury (Henry Township)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 Mi. NW. Stotesbury, Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 37 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Vernon 108  
(c) City or town Stotesbury (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Henry Township  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Wallie Jackson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 21  
year 1948 hour 8 minute 30 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rebecca Jackson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 22, 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 15 1948 to Dec 21 1948; that I last saw him alive on Dec 20 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Duration \_\_\_\_\_

8. AGE: Years 74 Months 7 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Chronic Myocardial degeneration & Chronic Endocarditis  
Due to \_\_\_\_\_

9. Birthplace McDonald County, Missouri  
(City, town, or county) (State or foreign country)

Other conditions Hypertensive heart disease  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer  
11. Industry or business Farming

Major findings:  
Of operations None  
Of autopsy 73A  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Brantly Jackson  
13. Birthplace \_\_\_\_\_ Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Manning  
15. Birthplace Lawrence County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Boyd Jackson  
(b) Address Stotesbury, Mo  
17. (a) Removal (b) Date thereof 12-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Warsaw, Missouri  
18. (a) Signature of funeral director Konantz Mortuary  
(b) Address Fort Scott, Kansas  
19. (a) 12-30-48 (b) Kathryn Janczy  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) 1111  
Address Fort Scott, Kans Date signed 12-23-48

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

2  
43  
39  
37823

RECEIVED

District Health Officer No. 7

District File Number 12-48153

Date Filed 1-5-49

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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.....

Licensed Embalmer No. 2080

P. O. Address..... Fort Scott, Kansas

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.