

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35924**
5045

FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3388 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>				d. STREET ADDRESS (If rural, give location) <u>2606 Victor</u>						
3. NAME OF DECEASED (Type or Print) <u>James Henry Jackson</u>			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 16, 1916</u>		
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Benjamin Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Gray</u>			14. NAME OF HUSBAND OR WIFE <u>Violeta Jackson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-30-2995</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Violeta Jackson</u>				ADDRESS <u>2606 Victor</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot-Gun shot of abdomen</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage</u> DUE TO (c) <u>Shock</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>6981x</u>		
19a. DATE OF OPERATION <u>10/17/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Attempts at Repair Anastomosis of Intestines Sutured</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1816 E 16</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Missouri</u>		21d. TIME (Month) (Day) (Year) (Hour) <u>Oct. 17 1953 11:35 p.m.</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Shot by Carl Thomas.</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Deputy Coroner L.M. Tillman</u>				23b. ADDRESS <u>1618 Lydia</u>			23c. DATE SIGNED <u>10/20/53</u>			
24a. BURIAL-CREMATATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/23/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>10-22-53</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Bwa - K-c. mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.