

0020

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

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5090 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>PAPPINEVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mo.</u>	
c. LENGTH OF STAY (in this place) <u>14yr</u>		d. STREET ADDRESS (If rural, give location) <u>8070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED a. (First) <u>Leonard</u> b. (Middle) <u>Ernie</u> c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-10-54</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Sept. 7-1861</u>
9. AGE (In years last birthday) <u>93</u>		10. MONTHS <u>1</u> DAYS <u>2</u> HOURS <u>3</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAIL CARRIER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ANDREW JACKSON</u>	
13b. MOTHER'S MAIDEN NAME <u>Phoebe CRAIG</u>		14. NAME OF HUSBAND OR WIFE <u>HUSTON 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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Jackson</u> ADDRESS <u>Kansas City, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Hardening 20yr.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>PRAIRIE TOWNSHIP BATES MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct.</u> , 19 <u>52</u> , to <u>OCT. 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>SEPT 10</u> , 19 <u>54</u> , and that death occurred at <u>11:00 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas F. Boyd DO.</u> (Degree or title)		23b. ADDRESS <u>Rich Hill, MO.</u>	
23c. DATE SIGNED <u>10-21-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Breenlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Rich Hill, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Echolz</u> ADDRESS <u>Oppler City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 24 54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>	

OCT 27 1955

Handwritten scribbles and illegible text.

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. *WA*

Student
Student Embalmer

Signed *Oscar Eckhoff*
.....

Licensed Embalmer No. *3942*

P. O. Address *Appleton City*

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.