No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2570

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Jackson 1

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Indep. Sanitarium
(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) 7/6

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Fairmount Station
(If outside city or town limits write "RURAL")

(d) Street No. 570 Home Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME JASON BRIGGS McPHERSON

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise McPherson

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan. (Month) 17 (Day) 1877 (Year)

8. AGE: Years 63 Months 0 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Alabama (City, town, or county) (State or foreign country)

10. Usual occupation Section Foreman 1

11. Industry or business Mo. Pac. R.R.

FATHER
12. Name William McPherson 1
13. Birthplace Alabama 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie Patrick
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Harry D. McPherson

(b) Address 720 W. So. Side Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) Feb 1-1940 (Date received local registrar) (b) F. L. Cook 360 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1940 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19 to ..... 19 ; that I last saw him alive on ..... 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Lacerator & Hemorrhage of Brain

Due to Multiple Fract of Skull

Due to On Hand Car on RR Track Hit by Truck

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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) Accident

(b) Date of occurrence 1-30-40

(c) Where did injury occur? 39th + Mo Pac. Track (City or town) (County) Jackson (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? work (Specify type of place) Fract Skull

While at work? yes (e) Means of injury R.R. Crossing

23. Signature Russell W. Lewis (M. D. or other)

Address [illegible] Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

Frances - decided on code

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 Raymond Martin, Registered Apprentice No. # 199 working under my personal supervision.

Signed Felix Renz

Licensed Embalmer No. 4127

P. O. Address Independence 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, above space should be left blank.