

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Atlantic		b. MUNICIPALITY Ocean City		2. USUAL RESIDENCE a. STATE N.J.		b. COUNTY Cape May	
3. CITY Atlantic		c. LENGTH OF STAY (in this place) 1 week		d. CITY BORDEN TOWNSHIP		e. STREET Ocean City	
4. NAME OF DECEASED JOHN		5. R. L. JACKSON		6. DATE OF DEATH 10-22-57		7. ADDRESS 608-6 Street	
8. OCCASION OF DEATH		9. MARRIED, NEVER MARRIED, DIVORCED, INCESTUOUS (Specify)		10. DATE OF BIRTH 7-15-15		11. AGE (in years, months, days) 42 3 7	
12. OCCASION OF DEATH (Check box and give reason)		13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE Phila. Pa.		15. PLACE OF BIRTH	
16. FAMILY NAME Jackson		17. SOCIAL SECURITY NO. 31-6207		18. INFORMANT Anne Jackson		19. MEDICAL CERTIFICATION	
20. CAUSE OF DEATH		21. MEDICAL CERTIFICATION		22. INTERVAL BETWEEN ONSET AND DEATH		23. DATE SIGNED	
24. DATE OF DEATH 10-22-57		25. MEDICAL CERTIFICATION		26. INTERVAL BETWEEN ONSET AND DEATH		27. DATE SIGNED	
28. AGENCY EMPLOYER BUSINESS		29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		30. (City, Township, or Township)		(COUNTY) (STATE)	
31. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. INJURY OCCURRED		33. HOW DID INJURY OCCUR		34. DATE SIGNED	
35. I hereby certify that I attended the deceased from 10-16-57 to 10-22-57, that I last saw the deceased alive on 10-22-57, and that death occurred on 10-22-57, from the causes and on the date stated above.		36. SIGNATURE		37. ADDRESS		38. DATE SIGNED	
39. BURIAL, CREMATION, REMOVAL (Specify)		40. DATE 10/25/57		41. NAME OF CEMETERY OR CREMATORY W Laurel Hill		42. LOCATION (City, borough, or township) (State)	
43. DATE REC'D BY LOCAL REG. 10-22-57		44. REGISTRAR'S SIGNATURE Raymond South		45. FUNERAL DIRECTOR'S SIGNATURE J V Brown 1598		46. N.J. License No. 2161gate 77	