

REC'D OCT 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32330

Do not use this space.

1. PLACE OF DEATH

(a) County Howard 1 Registration District No. 380
(b) Township Franklin Primary Registration District No. 5530 Registered No. 22
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Minnie Ruthen Jackman 255
(a) Residence, No. Franklin R.F.D. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie Ray Jackman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1900
7. AGE YEARS 38 MONTHS 2 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm Labor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug. 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

FATHER 13. NAME Calijah Jackman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

MOTHER 15. MAIDEN NAME Nina B. Stinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co.

17. INFORMANT (NAME) Calijah Jackman
(ADDRESS) Redport, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hilldale DATE 9/28/38

19. FUNERAL DIRECTOR (NAME) C. S. Kline
(ADDRESS) New Franklin, Mo.

20. FILED 9-28- 1938 Clare V. Landrum
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1938, to Sept 26, 1938
I last saw him alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset unknown
Tuberculosis of the lungs
Other contributory causes of importance: none

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. C. Tincher, M. D.
Boonville, Mo.
884 (Address)

STATEMENT TO BE FILED IN THE
OFFICE OF THE HEALTH OFFICER
OF THE DISTRICT OF COLUMBIA

10/8/38
District File Number
Subject Health Officer No. 8
RECEIVED

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 H. L. Hill

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.

