

DEC 19 1938

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

40454
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 2
 (b) Township Marshall Primary Registration District No. 3038
 (c) City Marshall, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

Registered No. 159

2. PRINT FULL NAME

Raymond Gerald Jackson
 (a) Residence, No. 993 So. Ellsworth St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF " "
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. infant
 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) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 P.
 The principal cause of death and related causes of importance were as follows:

Polyhydramnios
Abruptio Placenta
Died in utero

Date of onset _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? abruptio Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) W. H. H. H. M. D.
Marshall, Mo. Address

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Mo.

FATHER 13. NAME Raymond Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Mo.

MOTHER 15. MAIDEN NAME Pauline Ramsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami, Mo.

17. INFORMANT (ADDRESS) Raymond Jackson Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bridge of Cem. DATE Nov. 6, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. J. Sullivan Marshall, Mo.

20. FILED 11-6- 19 38 Mary Kent Deputy Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12604

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/9/38

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Surrency, Licensed Embalmer No. 3235
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. 3235 or by, Registered Apprentice No.
working under my personal supervision.

Signed J. Leslie Surrency
Licensed Embalmer No. 3235

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.)