LEG'D JAN 11 1938

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

42827
Do not use this space.

1. PLACE OF DEATH 3

(a) County Cole — Registration District No. 213

(b) Township — Primary Registration District No. 3014 — Registered No. 338

(c) City Jefferson City — (d) Street No. Pacific Hotel Annex 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.

2. PRINT FULL NAME 250 Charles B. Jackson

(a) Residence, No. 710 E. High Street 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 16, 1903

7. AGE: YEARS 35 — MONTHS 4 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Hod Carrier
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moniteau County? Mo.

FATHER
13. NAME: Henry Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co. Missouri

MOTHER
15. MAIDEN NAME: Adeline Lowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cole Co. Mo.

17. INFORMANT (ADDRESS): Mrs Adeline Jackson, 710 E. High Street

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Riverview Cemetery DATE: Dec. 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): John F. Heinrichs, Jefferson City, Mo.

20. FILED 12/28/1938 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Coroners Call, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Suicide By Drinking 2 ounces of Phenol. — Date of onset

163'

Other contributory causes of importance: None

Name of operation: none — Date of .....
What test confirmed diagnosis? none — 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 12/24/1938
Where did injury occur? Pacific Hotel (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place (Hotel)
Manner of injury: Suicide by Phenol
Nature of injury: Drank acid

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Frank J. Nichols, Coroner, M. D.
(Address) Centertown Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, John F. Heinrichs, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address John F. Heinrichs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.