

GEG'D JAN 24 1938

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

43662
Do not use this space.

1. PLACE OF DEATH
 (a) County Lincoln 2 Registration District No. 491
 (b) Township Bedford 1 Primary Registration District No. 4298 Registered No. _____
 (c) City Ray (d) Street No. _____ 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 Homer H. Jackson
 (a) Residence, No. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Elroy Jackson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3-1891
 7. AGE YEARS 47 MONTHS 9 DAYS 27 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Lawyer
 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) Paris Mo
 13. NAME William H. Jackson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana
 15. MAIDEN NAME Emma Harmon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT (ADDRESS) Harry E. Jackson
 18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE Jan 1 - 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kemper Biss
 20. FILED Jan 1 1939 Mrs Pearl Mueck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-1938
 22. I HEREBY CERTIFY, That I attended deceased from 12-27-1938, to 12-30-1938
 I last saw him alive on 12-30-1938. Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____
 Other contributory causes of importance:
Pulmonary Tuberculosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) H. S. Harris M. D.
 (Address) Ray, Mo.

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.

FEB 1 1958

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.....

Licensed Embalmer No.....

P. O. Address.....

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.