

Registration District No. **5138**

Primary Registration District No. **3028**

Registrar's No. **71**

1. PLACE OF DEATH: **2**
 (a) County **Madison**
 (b) City or town **Fredericktown**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
Always
 In this community _____ years, months or days

8. (a) PRINT FULL NAME **Minnie M. Jackson 250**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Edward E. Jackson** 6. (c) Age of husband or wife if alive **Dec.** years
 7. Birth date of deceased **NOV. 28 25 1862**
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	9	24	hr. _____ min.

9. Birthplace **Mine La Motte, Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
 { 12. Name **Francis L. Valle**
 { 13. Birthplace **St. Genevieve, Mo.**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Louise Pratt**
 { 15. Birthplace **Fredericktown Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Chester E. Ward**
 (b) Address **Fredericktown, Mo.**

17. (a) **Burial** (b) Date thereof **9/22/39**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Fredericktown, Mo.**

18. (a) Signature of funeral director **Stanley H. Dixon**
 (b) Address **Fredericktown**

19. (a) **Sept 21 1939** (b) **S. C. S. Laughlin**
 (Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Madison**
 (c) City or town **Fredericktown**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19,** 1939
 year _____ hour **3:P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 19**, 1939, to **Sept 19**, 1939, that I last saw him alive on **Sept 18**, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **Sept 19**

Due to **Hypertension**

Due to **Chronic Nephritis and Arterio Sclerosis**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations **121**
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **S. C. S. Laughlin** (M. D. or other)
 Address **Fredericktown** Date signed **9/20/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

JUN 25 1941

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.....

Stanley H. Dixon
working under my personal supervision.

....., Registered Apprentice No. *214*

Signed *William B. O'Connor*

Licensed Embalmer No. *3975*

P. O. Address *Fredericktown Mo.*

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.