

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

*Mr. Kerr*  
43370  
Do not use this space.  
897

1. PLACE OF DEATH  
 (a) County GREENE Registration District No. 316  
 (b) Township 2 Primary Registration District No. 2001  
 (c) City SPRINGFIELD (d) Street No. 446 E. Harrison 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.  
 2. PRINT FULL NAME Lizzie Wilson Dunn Jackson  
 (a) Residence, No. 446 E. Harrison 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.A. Jackson (1928)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1956  
 7. AGE YEARS 83 MONTHS 7 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. In Home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) Woodland (STATE OR COUNTRY) Missouri  
 FATHER 13. NAME John Dunn  
 14. BIRTHPLACE (CITY OR TOWN) Redford (STATE OR COUNTRY) Tenn.  
 MOTHER 15. MAIDEN NAME Ann Howard  
 16. BIRTHPLACE (CITY OR TOWN) Woodland (STATE OR COUNTRY) Va.  
 17. INFORMANT Mrs. Minnie Florence (ADDRESS) Kansas City, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 12-11-39  
 19. FUNERAL DIRECTOR (NAME) Alvin Schreyer (ADDRESS) Springfield, Missouri  
 20. FILED DEC 9 1939 Chas. H. George, M.D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936 to Dec 8, 1939  
 I last saw her alive on Dec 8, 1939. Death is said to have occurred on the date stated above, at 10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Bright's Disease of Kidneys  
Chronic Interstitial Nephritis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 21  
 Name of operation none 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 no  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? N.D.  
 If so, specify \_\_\_\_\_  
 (Signed) W.F. Kerr M.D.  
 (Address) 610 Woodruff Bldg  
Springfield - 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.

Wassington

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.....

*Chas. C. George*

....., Registered Apprentice No. *294*

working under my personal supervision.

Signed *Lewis G. Schuyff*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 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.

X