

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

43553  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Front Knob Registration District No. 392  
 (b) Township Areadia Primary Registration District No. 4231  
 (c) City Pilot Knob (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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Jackson  
 (a) Residence, No. Pilot Knob Mo. 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 fem. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Jackson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 7 21

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. house wife  
 10. Date deceased last worked at this occupation (month and year) Apr 1938 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

FATHER  
 13. NAME George Brewster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER  
 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Mollie Garrison  
Greenville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Cem DATE 12/26/39, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman White & Sons  
Trouton Mo.

20. FILED Dec 31, 1939 L J Effinger  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1938, 19  , to Dec. 24, 1939  
 I last saw her alive on Dec. 23, 1939. Death is said to have occurred on the date stated above, at 7.00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas Date of onset 1937  
4 1/2

Other contributory causes of importance:  
Carcinoma of liver, secondary  
Chronic obstructive jaundice  
Arterial sclerosis, general

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? phys. exam as 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 \_\_\_\_\_, 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Ben W. Bull, M. D.  
Trouton, Mo. (Address)

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.

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**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 *Arnold J. Suttula*  
Licensed Embalmer No. *3012*  
P. O. Address *Winston Hwy.*

**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.**