

FEB 23 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4163

Do not use this space.

1. PLACE OF DEATH

(a) County Monmouth Registration District No. 902
 (b) Township Smith Primary Registration District No. 6211
 (c) or City Atlanta (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 CURTIS 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carry Jackson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1873
 7. AGE YEARS 66 MONTHS 1 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 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) Jan, 1940 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta, Mo.
 13. NAME Luther Jackson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Mary Washburn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta, Mo.
 17. INFORMANT (ADDRESS) Earl Jackson, Grant City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lot 11, Grant City, Mo. DATE 1/20, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) A.C. Duffee, Grant City, Mo.
 20. FILED Feb 8, 1940 40 Grant City, Mo. Lochy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15- 1940
 22. I HEREBY CERTIFY, That I attended deceased from 1-15- 1940, to 1-18- 1940.
 I last saw him alive on 1-14- 1940. Death is said to have occurred on the date stated above, at 4:00 P. m.
 The principal cause of death and related causes of importance were as follows:

Myocardial infarction
92 W
 Other contributory causes of importance: Rheumatism 1920
 Date of onset 1925

Name of operation ✓ Date of ✓
 What test confirmed diagnosis? Pathologic 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 ✓, 1940
 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) J. H. Ross M.D. !, M. D.
 (Address) Grant City, Mo.

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.....

Arch C. Duffee

Licensed Embalmer No. *3252*

P. O. Address *Giant City, Md.*

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.