

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 61

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Near Farmington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 (Specify whether
 In this community
 years, months or days)

8. (a) PRINT FULL NAME William Amy Jackson
 8. (b) If veteran, name war _____
 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Fronia Jackson
 6. (c) Age of husband or wife if alive Living years
 7. Birth date of deceased June 3 1879
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>9</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Mississippi Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Truck driving & farming.

11. Industry or business _____

MOTHER FATHER
 12. Name John Walsey Jackson
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Clinton Jackson
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Records of State Hospt.
 (b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 2-18-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francis

18. (a) Signature of funeral director Shawell Shelby
 (b) Address East Avenue Mo.

19. (a) Jan 17 40 (b) Blk. Robinson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi Co.
 (c) City or town Anniston
 (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 Mar day 17
 year 1940 hour 3 minute 30 a. m.

21. I hereby certify that I attended the deceased from 3-7-40
 _____, 19____, to 3-17-40, 19____;
 that I last saw him alive on 3-16-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death (Apoplexy)
Cerebral thrombosis { Duration 1st 8 yrs ago
 2nd 3-13-40
 3-17-40 }
 Due to Hypertensive (heart disease)
Chronic nephritis
 Due to General arteriosclerosis

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

Major findings: _____
 Of operations no
 Of autopsy no

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 no
 (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?

23. Signature Geo. Tivis Graves, Jr. (M. D. or other) M. D.
 Address Farmington, Mo. Date signed _____

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.

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.....

Travis N. Shelby

Licensed Embalmer No.....

292 1/2

P. O. Address.....

East Prairie 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.