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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14615

Registration District No. 185 Primary Registration District No. 6251 Registrar's No.

1. PLACE OF DEATH:

(a) County Christian

(b) City or town "Rural" Bruner

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 Mi N.E. Bruner 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community Lifetime years, months or days) 250

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

(c) City or town Bruner - "Rural"

(If outside city or town limits write "RURAL")

(d) Street No. 4 mi N.E. Bruner

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Zariah Jackson

3. (b) If veteran name war ✓ ✓ 3. (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 Sarah Jane Jackson 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 13 - 1863 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Christian County - Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business at home

FATHER
12. Name William Jackson
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mozilla Cunningham
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Jackson

(b) Address Bruner, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/40 (Month) (Day) (Year)

(c) Place: burial or cremation Union Chappell

18. (a) Signature of funeral director B. C. Klepper

(b) Address Ozark, Mo.

19. (a) 4-24 1940 (Date received local registrar) (b) Josephine Merritt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1940 hour 2 minute 30 a. M.

21. I hereby certify that I attended the deceased from Apr 16, 1940, to Apr 21, 1940 that I last saw him alive on Apr 20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 months
Due to	
Due to 94B	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. R. Perkins (M. D. ~~or other~~)

Address Ozark Mo. Date signed Apr 23 1940

(Licensed Embalmer's Statement on Reverse Side)

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 Forest Klepper, Registered Apprentice No. 143 working under my personal supervision.

Signed B. C. Klepper

Licensed Embalmer No. 2178

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.