S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 2 [illegible] 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15791

Registration District No. 677

Primary Registration District No. 5901

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Phelps Rolla Twp

(b) City or town Newburg Route 1 Rural Rolla Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Newburg Route 1
(If rural, give location)

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

3. (a) PRINT FULL NAME William David Jackson 250

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline Jackson

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Jan 18 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	22	hr. min.

9. Birthplace Phelps Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business

FATHER
12. Name Thomas J. Jackson
13. Birthplace K.Y. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harrett Fore
15. Birthplace KY (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Grayson

(b) Address Newburg Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-40 (Month) (Day) (Year)

(c) Place: burial or cremation Jackson, Cem.

18. (a) Signature of funeral director Neil Olson

(b) Address Rolla Mo

19. (a) April 12, 1940 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1940 hour 12 minute 45 a M.

21. I hereby certify that I attended the deceased from Mar 1 – 1940, to Apr 10, 1940; that I last saw him alive on Mar 16 – 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 610 (Specify type of place)

While at work? (e) Means of injury

23. Signature R E Brewer (M. D. or other)

Address Newburg Mo Date signed

(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 ....., Registered Apprentice No. ....., working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 540 593

Date Filed 5/2/40

Signed S. L. Nurse

Licensed Embalmer No. 3294

P. O. Address Roseamond

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.