

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

18610

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 390
 (b) Township Primary Registration District No. 5545 Registered No. 500
 (c) City Annapolis (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kenneth Gerald Jackson

(a) Residence, No. 19 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXX
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 I3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Annapolis
 (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Everett Jackson

14. BIRTHPLACE (CITY OR TOWN) Annapolis
 (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Neva Lewis

16. BIRTHPLACE (CITY OR TOWN) Annapolis
 (STATE OR COUNTRY) Mo.

17. INFORMANT Everett Jackson
 (ADDRESS) Glover, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Annapolis, Mo. DATE March 31, 1940

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

20. FILED 19 to B. L. Hunter
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-1-40, to 3-18-40, 1940
 I last saw him alive on 3-19, 1940 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

The baby was born at 7 months and 2 weeks with a low birth weight. The mother had a history of diabetes mellitus, and the baby was born with a congenital defect of the heart, which was fatal.

Other contributory causes of importance:

Name of operation 154 Date of

What test confirmed diagnosis? 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 , 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) , M. D.

(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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.