

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25002

State File No.

Registration District No. 218

Primary Registration District No. 5298

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Cooper County, TWP  
(b) City or town Rural - Boonville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
In this community About 40 or 50 years.

3. (a) PRINT FULL NAME Clark Jackson 250

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct. 15 - 1857  
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business ✓

12. Name Lewis Jackson

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant George Jackson

(b) Address Boonville Mo

17. (a) Burial (b) Date thereon July 18 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City cemetery

18. (a) Signature of funeral director Brookman & Baller

(b) Address Boonville Mo

19. (a) 7-17-40 (b) D. Hooper  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

(c) City or town Rural. 3 miles S.E. Boonville  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles South East of Boonville  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 7  
\_\_\_\_\_, 1940, to July 18, 1940;  
that I last saw him alive on July 15, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to Influenza

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 11W

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. C. Fincher MD (M. D. or other) \_\_\_\_\_

Address Boonville Mo Date signed July 17 1940

Duration  
about 2 weeks  
about 1 month  
  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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Date Filed 8-8-40  
District File Number  
District Health Officer No. 8  
RECEIVED

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 J. Goodman  
Licensed Embalmer No. 1178  
P. O. Address Boswell 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.