

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25087

Registration District No. 289

Primary Registration District No. 3407

State File No.

Registrar's No. 42

1. PLACE OF DEATH: Dunklin  
 (a) County Dunklin  
 (b) City or town North Pittsburg  
 (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 \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Dunklin  
 (c) City or town Malden Rural  
 (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.

3. (a) PRINT FULL NAME Blumard L. Jackson  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 12  
 year 1940 hour 6:30 minute A. M.

4. Sex male 5. Color White 6. (a) Single widowed, married, divorced widowed  
 6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 12 1875  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15, 1940, to July 12, 1940;  
 that I last saw him alive on July 11, 1940;  
 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 5 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cor. Myocarditis 93C

9. Birthplace Stonefort Ill. (City, town, or county) (State or foreign country)  
 10. Usual occupation Farming

Due to \_\_\_\_\_  
 Due to 93C  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
 12. Name Monroe Jackson  
 13. Birthplace Ind. I (City, town, or county) (State or foreign country)  
 14. Maiden name Buckner  
 15. Birthplace Ill. (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Zora Conrad  
 (b) Address Cardwell Mo  
 17. (a) Burial (b) Date thereof 7-14-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cardwell Mo  
 18. (a) Signature of funeral director W. L. Gray  
 (b) Address Malden Mo  
 19. (a) 7-12/40 (b) S. Mitchell  
 (Date received local registrar) (Registrar's signature)

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?  
2/65 (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature H. D. Davis (M. D. or other) Do 3  
 Address Malden Date signed 7-12-40

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

RECEIVED

District Health Officer No. 2,

District File Number 840 213

Date Filed 8/12/40

**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, fact should be so stated above.