FILED AUG 23 1940

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

25374
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 402
(b) Township Sni-A-Bar Primary Registration District No. 555103 Registered No. 14
(c) City ✓ (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 250 EUGENIA F. JACKSON
(a) Residence, No. Jackson Co Mo Rural
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8 1860.
7. AGE YEARS 79 MONTHS 9 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

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. House Keeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

FATHER
13. NAME Daniel T. Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Mary Griffith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Joseph Jackson Grain Valley Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland Cem DATE 7/14 1940
19. FUNERAL DIRECTOR (NAME) B. O. Webb (ADDRESS) Oak Grove Mo.
20. FILED July 17 1940 Mrs. A. H. Mann Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/12 1940.
22. I HEREBY CERTIFY, That I attended deceased from July 10 1940 to July 12 1940
I last saw her alive on July 12 1940 Death is said to have occurred on the date stated above, at 1:30 AM.
The principal cause of death and related causes of importance were as follows:
Gastro-enteritis acute — Date of onset July 8 1940
120 lb
Other contributory causes of importance: None
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) [illegible] M. D.
(Address) Oak Grove Mo

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import

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JAN 30 1958

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, Z. O. Webb, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Z. O. Webb

Licensed Embalmer No. 2352

P. O. Address Oak Grove 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.