

STANDARD CERTIFICATE OF DEATH

State File No. **32412**Registration District No. **471**Primary Registration District No. **4284**Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Pierce City, Mo**
(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 **20**
(Specify whetherIn this community **6 months**
years, months or days)3. (a) PRINT FULL NAME **Oliver Jackson**3. (b) If veteran, name was **World War** 3. (c) Social Security, No. **✓**4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Jessie** (c) Age of husband or wife if alive **39** years7. Birth date of deceased **Feb 1 1949**
(Month) (Day) (Year)8. AGE: Years **47** Months **7** Days **18** If less than one day hr. min.9. Birthplace **MS**
(City, town, or county) (State or foreign country)10. Usual occupation **Oil Salesman**11. Industry or business **Martin Jackson**12. Name **Martin Jackson**18. Birthplace **Sweden**
(City, town, or county) (State or foreign country)14. Maiden name **Ingevaldina Jackson**15. Birthplace **Sweden**
(City, town, or county) (State or foreign country)16. (a) Informant **Jessie Jackson**(b) Address **Pierce City, Mo**17. (a) (b) Date thereof **Sept 19 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **City Cemetery**18. (a) Signature of funeral director **Wm. B. Bessell Jr**(b) Address **Pierce City, Mo**19. (a) **Sept 21** (b) **E. B. Wright**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Lawrence**(c) City or town **Pierce City**
(If outside city or town limits, write "RURAL")(d) Street No. **423**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** 19 **19**
year **1940** hour **10** minute **30** P.M.21. I hereby certify that I attended the deceased from **Sept 19 1940**
to **Sept 19 1940**that I last saw him alive on **Sept 19 1940**
and that death occurred on the date and hour stated above.Immediate cause of death **Coronary Occlusion** Duration **Unknown**Due to **4412**

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)Major findings: **None** PHYSICIAN _____

Of operations _____

Of autopsy **None** 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) **X**

(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?
423 (Specify type of place)While at work? **423** (e) Means of injury _____23. Signature **J. Mason Lyons** (M. D. or other) _____Address **Pierce City** Date signed **9/21/40**

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

RECEIVED

District Health Officer No. 6,

District File Number 1040-2706

Date Filed OCT 9 1947

APR 27 1948

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 me,

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

Signed J. B. Aswell Jr.

Licensed Embalmer No. 1512

P. O. Address Quince City

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.