

Registration District No.

791

Primary Registration District No.

1003

## 1. PLACE OF DEATH:

- (a) County 1914<sup>a</sup> Atchison  
(b) City or town St. Louis  
(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

(Specify whether

In this community  
years, months or days)3. (a) PRINT  
FULL NAME

MARY JACKSON

## 3. (b) If veteran,

name was

## 3. (c) Social Security

No.

## 4. Sex

Female

## 5. Color or

race

Col

## 6. (a) Single, widowed, married,

divorced, Married

## 6. (b) Name of husband or wife

Henry Jackson

## 6. (c) Age of husband

alive 53 years

## 7. Birth date of deceased

Mary

1898

## 8. AGE:

Years

Months

Days

If less than one day

42 1/2

5

16

## 9. Birthplace

Wilson

La

## 10. Usual occupation

House

Wife

## 11. Industry or business

## MOTHER FATHER

Frank Nelson

Miss

Lillie McCarther

Wilson

La

## 16. (a) Informant's own signature

Henry Jackson

## (b) Address

1914<sup>a</sup> Atchison17. (a) Shipping

## (b) Date thereof

Oct 27/40

## (c) Place: burial or cremation

Earl Ark.

## 18. (a) Signature of funeral director

F. D. Green

## (b) Address

2913 Franklin Avenue

## 19. (a)

Oct 28 1940

## (b)

J. P. Prudech

## 2. USUAL RESIDENCE OF DECEASED:

## (a) State

Mo

## (b) County

St. Louis

## (c) City or town

St. Louis 25

## (d) Street No.

1014<sup>a</sup> 9 Atchison St.

## (e) If foreign born, how long in U. S. A.

years

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH: Month

Oct

11/15

20

year 1940

hour

11

minute

P

## 21. I hereby certify that I attended the deceased from

10-15

1940

that I last saw her alive on

10-20 1940

and that death occurred on the date and hour stated above

Immediate cause of death

Chronic Effusion

Duration

Due to

Pulmonary Tuberculosis

Due to

Other conditions

(Include pregnancy within months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

## 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)

(a) Means of injury

## 23. Signature

Address

2114 Franklin

Date signed 10-28

**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. 2963

P. O. Address. 2915 Franklin

**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.**