

JAN 25 1941

State File No.                     

Registration District No. 219

Primary Registration District No. 5299

Registrar's No.                     

1. PLACE OF DEATH:

(a) County Cooper  
 (b) City or town Bunceton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether)  
 In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper  
 (c) City or town Bunceton  
(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.? Native years.

3. (a) PRINT FULL NAME Wesley Jackson

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

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

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

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years                      Months                      Days                      If less than one day                      hr.                      min.  
 Estimated 73

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

10. Usual occupation Laborer

11. Industry or business On Farm

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Susan Jackson

15. Birthplace Cooper County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: George B. Jackson

(b) Address Bunceton Mo. Rt. # 2

17. (a) Removal (b) Date thereof 12/28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton Cemetery

18. (a) Signature of funeral director Joyce E. Richards

(b) Address Lipton Mo

19. (a)                      (b)                       
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 1940  
 year 1940 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Dec 15  
 1940, to Dec 24, 1940

that I last saw him alive on Dec 24, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration                     

Due to                     

Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

Major findings: wound PHYSICIAN                     

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                      (M. D. or other)                     

Address Bunceton Mo Date signed Dec 24

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

17-39  
x2142

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed  
1-13-41

**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 Jimmie E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Tipton, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 422156

Registration District No. 219

Primary Registration District No. 5299

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Kelly Twp  
(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 Wesley Jackson

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

4. Sex m 5. Color race Col 6. (a) Single, widowed, married divorced wid

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 13 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 12-29-40 (b) Ann Whitaker (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 28 year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h alive on and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

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)

(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 W. H. Elliott (M. D. or other)

Address Bunceton Mo Date signed

SUPPLEMENTAL

