

FILED FEB 14 1941

Registration District No. 290

Primary Registration District No. 5408

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Salmon Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Thelma Tereta Jackberry
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 2 - 1908
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 30 year 1941 hour 9 minute 2 M.
21. I hereby certify that I attended the deceased from 1-30 - 1941 to _____ 19____; that I last saw h _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 32 Months 11 Days 28 If less than one day _____ hr. _____ min.
9. Birthplace Chickasaw Okla.
(City, town, or county) (State or foreign country)

Immediate cause of death accident Duration _____
Struck by train at crossing
Due to crossing crushing her to death
Due to _____

10. Usual occupation housewife
11. Industry or business _____
12. Name J. R. Prince
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lois Jones
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Paul Jackberry
(b) Address Senath mo.
17. (a) Burial (b) Date thereof 2-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Liberty
18. (a) Signature of funeral director Paul Daniel
(b) Address Senath mo.
19. (a) 2/4/1941 (b) P. D. McDaniel
(Date received by registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 35
(b) Date of occurrence 1-30-41
(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? Road Road Crossing
(Specify type of place) (e) Means of injury Coroner
23. Signature Paul Daniel (M.D. or other) _____
Address Senath mo. Date signed 2-3-41

169
97

4.2
9

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 _____

H.P. Groch

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

H.P. Groch

Licensed Embalmer No. _____

4106

P. O. Address _____

Senath 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

State File No. 2486

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 296

Primary Registration District No. 3408

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Salem
(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 Helma Vaneta Taekensberg

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

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

8. AGE: Years 22 Months 11 Days 28 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 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 (Month) (Day) (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (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 Jan day 30 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death accident struck by train at Allman Crossing crossing
Due to her to death

Due to Train and auto accident head crossing
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) acc
(b) Date of occurrence 1-30-1941
(c) Where did injury occur P.R. Crossing (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 Wm J. Gilmore (M. D. or other) _____
Address Wm J. Gilmore Date signed 4-12-41

SUPPLEMENTAL

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

