

No. 2
-11-10-39
5-17-39
I X21492

WED JAN 25 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3729

State File No. _____

Registration District No. 1102

Primary Registration District No. 5890

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Penicott, Passola
(b) City or town Rural (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

2. USUAL RESIDENCE OF DECEASED:

(a) County Penicott State MO
(b) County Penicott
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 miles South 1 mile W (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Raymond O. Jackson

8. (b) If veteran, name None
8. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1941 hour 10:30 minute a. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to Jan 5, 1941;
that I last saw him alive on Jan 5, 1941,
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Jessie
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Nov. 2 - 1902
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia Duration 1-2 1/2

8. AGE: Years 38 Months 3 Days 3
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions Tuberculosis T.B.
(Include pregnancy within 3 months of death)

10. Usual occupation Common labor

PHYSICIAN

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name J. H. Jackson O

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

14. Maiden name Clara (City, town, or county) (State or foreign country)

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

16. (a) Informant Ruby Richardson

(b) Address Brigg City, Mo., Rte 1

17. (a) Buried (b) Date thereof 1-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Wood

18. (a) Signature of funeral director Emerson Burns
(b) Address Hernonville, Mo.

19. (a) Jan 7-41 (b) Mrs T.R. Cole
(Date received local registrar) (Registrar's signature)

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 William F. Pitt (M. D. or other) _____

Address Atty Date signed 1-6-41

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

8000

1-41-35

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.....

P. O. Address.....

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.