

Registration District No. **655**

Primary Registration District No. **5472**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Stule, (Virginia)
(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 1 (Specify whether
 In this community _____ (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Pemiscot
 (c) City or town Stule (Rural)
(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.? 0 years.

3. (a) PRINT FULL NAME Pearlene Jackson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 7
 year 1941 hour 7 minute P. M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased July 5 1935
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 7 1941 to Feb. 7 1941
 that I last saw her alive on Feb. 7 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
5 7 2 hr. min.

Immediate cause of death:
 ① Labor pneumonia 2 d
 ② bronchococcal meningitis 2 d
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 106

9. Birthplace: Wayne Co. Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation: mom
11. Industry or business:
 { **12. Name:** George Jackson
 { **13. Birthplace:** Tenn
(City, town, or county) (State or foreign country)
 { **14. Maiden name:** Ethel Dugger
 { **15. Birthplace:** Tenn
(City, town, or county) (State or foreign country)

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

16. (a) Informant: George Jackson
 (b) Address: Stule, Mo
 17. (a) Burial (b) Date thereof: 2-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation mt Zion
 18. (a) Signature of funeral director: German
 (b) Address: Stule, Mo
 19. (a) Feb. 10 1941 (b) S. F. Robinson
(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?
587 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature S. F. Robinson (M. D. or other) MD
 Address: Stule, Mo Date signed 2-8-41

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

78
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78

2-41-51

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.