

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7744

MAR 25 1941
Registration District No. 36

Primary Registration District No. 0365843

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Greer
(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 Two months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Jackson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Jackson

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: July 28 1874
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>66</u> | <u>5</u> | <u>12</u> | hr. _____ min. |

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name James Jackson

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

14. Maiden name Jane Cherry

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

16. (a) Informant Cora Spencer

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 1/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director Geo Carr

(b) Address Thayer, Mo. 566

19. (a) 2/7 1941 (b) Enoch Barley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Greer 0
(If outside city or town limits, write "RURAL")

(d) Street No. Woodriffs TP 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Never 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Jan 8th 1941, to Jan 10 1941; that I last saw him alive on Jan 8 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 3 Day
Duration

Due to Blue & Asthma

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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 A. B. Forest (M. D. or other) 0

Address Alton Mo Date signed _____

Forest

RECEIVED

District Health Officer No. 5

District File Number 341323

Date Filed _____

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, fact should be so stated above.