

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 11261

FILED APR 21 1941

Registration District No. 7087 Primary Registration District No. 5662 Registrar's No. \_\_\_\_\_

58000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Lincoln  
(b) City or town Lincoln, Jackson Rural  
(c) Name of hospital or institution: St. Mary's  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 57 hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
State Mo (b) County Lincoln  
(c) City or town Lincoln Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 mi. west of Heedley  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME H. E. H. JACKSON-STUART  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W. 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 June 8 1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER  
12. Name Jasper & Stuart  
13. Birthplace Chillicothe Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Kathleen Jackson  
15. Birthplace Marion Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Waite  
(b) Address Chilo Mo

17. (a) Burial (b) Date thereof Mar. 21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Parson Kelly home

18. (a) Signature of funeral director E. P. Robertson  
(b) Address Farlow Mo

19. (a) \_\_\_\_\_ (b) Eva Crookshanks  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18th  
year 1941 hour about 10 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from number  
4 years, 19\_\_\_\_, to Mar 18th, 1941;  
that I last saw him alive on Dec 15, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency  
Duration 15  
or  
2 days  
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?  
455  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Mesquero (M. D. or other) !!  
Address W. Heedley Mo Date signed Mar 20 1941

**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 \_\_\_\_\_

*E. J. Robertson*

Licensed Embalmer No. *2468*

P. O. Address \_\_\_\_\_

*Larado, 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.**