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7-39
X2315

APR 7 1941
Registration District No. 566

Primary Registration District No. 5762

State File No.

Registrar's No. 34

1. PLACE OF DEATH
 (a) County MISSISSIPPI
 (b) City or town BERTRAND
 (c) Name of hospital or institution RURAL ROUTE #1
 (d) Length of stay: In hospital or institution 20 YEARS
 In this community 20 YEARS

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County MISSISSIPPI
 (c) City or town BERTRAND - RURAL
 (d) Street No. R#1
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME ARMSTEAD JACKSON
 (b) If veteran, name war No
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MARCH day 11TH
 year 1941 hour 11 minute A M.

4. Sex MALE
 5. Color or race COLOR
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife -
 6. (c) Age of husband or wife if alive 18 years
 7. Birth date of deceased JULY 4TH 1895

21. I hereby certify that I attended the deceased from March 5, 1941 to Mar 11, 1941, that I last saw him alive on Mar 5, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 8 Days 7
 If less than one day hr. min.

Immediate cause of death Myocarditis
ventricular fibrill.
 Due to Senility
 Duration DK.
DK.

9. Birthplace MISSISSIPPI
 10. Usual occupation FARMER-LABORER

Other conditions None
 Major findings: Of operations None
 Of autopsy None
 PHYSICIAN None
 Underline the cause to which death should be charged statistically.

11. Industry or business RETIRED
 12. Name NOT KNOWN
 13. Birthplace NOT KNOWN
 14. Maiden name NOT KNOWN
 15. Birthplace NOT KNOWN

16. (a) Informant O. E. BURUM
 (b) Address BERTRAND, MO R#1
 17. (a) BURIAL (b) Date thereof 3-12-41
 (c) Place: burial or cremation OAK GROVE - CHARLESTON

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (e) While at work? (Specify type of place) (f) Means of injury

18. (a) Signature of funeral director ARDEN ELLISE
 (b) Address SIKESTON, MO
 19. (a) 3-14-41 (b) J. O. Burum
 (Date received local registrar) (Registrar's signature)

23. Signature E. Charles Johnson (M. D. or other)
 Address Charleston, Mo Date signed 3/14/41

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

RECEIVED

District Health Officer No.

District File Number 441-4

Date Filed 4/4/41

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

Not Embalmed

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.