

No. 2
-10-3
7-39
X21492

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery
(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 _____
In this community 35 yrs / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel Jackson

3. (b) If veteran, name war _____

8. (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 Julia Jackson

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 17 th 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 7 9 10 _____ hr. _____ min.

9. Birthplace Hardin Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Levi Jackson

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

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

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

16. (a) Informant Jim Jackson

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 3/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director [Signature]

(b) Address Montgomery City Mo

19. (a) March 18, 41 (b) Bevell Weverlee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 40

(a) State Missouri (b) County Montgomery

(c) City or town Montgomery City Mo
(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? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/17/41 Day _____
year _____ hour _____ minute 10am M.

21. I hereby certify that I attended the deceased from Jan. 2, 1941
to March 17, 1941;
that I last saw him alive on March 17, 1941, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremic poisoning Duration 2 days

Prostatic hypertrophy 3 mo.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

572 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Bevell Weverlee (M. D. or other) _____

Address Montgomery City, Mo. Date signed 3/18/41

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

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, XX on the day of March 1941, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

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, above space should be left blank.