

Registration District No. 219

Primary Registration District No. 4132

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Bunceton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Bunceton Missouri
(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.

3. (a) PRINT FULL NAME Dena (Neal) Jackson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 1, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER
12. Name Issac Drew
13. Birthplace Cooper County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Ragland
15. Birthplace Cooper County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Jackson

(b) Address Boonville, Missouri

17. (a) Burial, (b) Date thereof 4/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton Mo

18. (a) Signature of funeral director L. J. Meister

(b) Address Boonville, Missouri

19. (a) 4-16-41 (b) Ann Whitaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th,
year (1940) 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him above Never Seen Alive, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Apoplexy

Due to Coronary Artery Arteriosclerosis

Due to _____
Other conditions 9-4 W
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
NO

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature L. J. Meister (M. P. Seal)
Address Boonville Mo Date signed 4/14/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8

Case Number

Date filed

5-6-41

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.....

..... Registered Apprentice No.

.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3598

P. O. Address Moberly 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.