

STANDARD CERTIFICATE OF DEATH

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. 62

1. PLACE OF DEATH: Dunklin
 (a) County Dunklin
 (b) City or town Kennett Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community About fourteen years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Dunklin
 (c) City or town Kennett
 (If outside city or town limits, write "RURAL")
 (d) Street No. 506 King St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Charles Luther Jackson
 3. (b) If veteran, name war No
 3. (c) Social Security No. 730

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 13
 year 1941 hour 10 minute 30 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Beatrice Jackson
 6. (c) Age of husband or wife if alive 27 years
 7. Birth date of deceased Feb 8 1899
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from unattended by a physician
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pulmonary Tuberculosis
1939

8. AGE: Years 42 Months 7 Days 5
 If less than one day _____ hr. _____ min.

Due to _____
 Due to transitory living conditions
 Other conditions _____
 (Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business _____

12. Name Louis Jackson

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

14. Maiden name Jamie Cade

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

16. (a) Informant Beatrice Jackson

(b) Address 506 King St Kennett Mo

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

(c) Place: burial or cremation Gregory Cem

18. (a) Signature of funeral director Luther Wood

(b) Address Kennett Mo

19. (a) 4-13-41 (b) W. H. Wood
 (Date received local registrar) (Registrar's signature)

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? 261

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

23. Signature George J. Gilmore (M.D. or other) DO

Address Kennett Mo Date signed 4-15-41

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

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 541-5

Date Filed 5/14/44

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.

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(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 _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Chas Luther Jackson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 2 5 hr. min.

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

10. Usual occupation Laborer

11. Industry or business None

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Lewis Co.
(b) Address 200 N. 1st St. Kennett Mo.

19. (a) 4-24-41 (b) W. Miller Dove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 13
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions (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?

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

23. Signature Geo T Gilmore (M. D. or other) _____

Address Kennett Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

S-14428