

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14539

State File No. ....

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **309**

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County **GREENE**  
 (b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **Springfield City Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay in hospital or institution **0** (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **LOLA JACKSON**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
 (b) Name of husband or wife **Mr. C. Jackson** 6. (c) Age of husband or wife if alive **67** years  
 7. Birth date of deceased **Sep 1 - 1887**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>	<b>7</b>	<b>10</b>	hr. _____ min.

9. Birthplace **Unknown Mo. D**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **In home**

12. Name **James Huffman**

13. Birthplace **Unknown Mo. D**  
(City, town, or county) (State or foreign country)

14. Maiden name **Georgia (Jones)**

15. Birthplace **Unknown Mo. D**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. C. Jackson**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **April 13 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn**

18. (a) Signature of funeral director **J. W. Hingert Co**

(b) Address **Springfield Mo.**

19. (a) **4-13-41** (b) **J. M. E. Handley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **Greene**  
 (c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1505 N. Campbell**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11** year **1941** hour **8** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **3/5**, 19**41**, to **4/11**, 19**41**; that I last saw her alive on **4/10**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis chronic**  
 Due to **Hypertension**  
 Due to \_\_\_\_\_

Other conditions **63**  
(Include pregnancy within 3 months of death)

Major findings: **Enlarged feeble thyroid**  
 Of operation \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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? **at home**

White at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature **W. Robert Laney** (M. D. or other) \_\_\_\_\_

**Springfield, Mo.** Date signed **4/11/41**

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**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.....

*Ogle Slown Jr.*

Licensed Embalmer No. *4176*

P. O. Address

*Springfield*

**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.**

X