

No. 2  
4-13-40  
-17-39  
X23159

Dr. Allder

14554

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 327

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: 754 N. Prospect  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(Specify whether)  
 In this community 1  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 754 N. Prospect  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William H. Jackson

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

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

6. (b) Name of husband or wife Ella J. Jackson  
 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 12 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>4</u>		hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Joe Jackson

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

14. Maiden name Elix Childers

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

16. (a) Informant Ella Jackson

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Langston Cem.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-19-41 (b) W.P. Handley  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
 year 1941 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Aug. 1940  
 to April 1941  
 that I last saw him alive on Apr 16 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Cystitis - result of enlarged Prostate  
 Due to Secondary infected Kidneys  
 Due to \_\_\_\_\_

Other conditions 1750  
(Include pregnancy within 3 months of death)

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?

While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature Dr. E. Allder (M. D. or other) \_\_\_\_\_  
 Address Springfield Date signed 4/18/41

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

1  
2  
6

**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.....

*Walter E. Hamiller*

Licensed Embalmer No.....

*3878*

P. O. Address.....

*Springfield, 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, fact should be so stated above.**