

MAY 20 1941

DEPARTMENT OF COMMERCIAL BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

14754

State File No. _____

Registration District No. 340

Primary Registration District No. 5245

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural, Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Hiway # 49; one mile north of DesArc
(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 Aneta Darlene Jackson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem / 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 19, 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>4</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

12. Name Crayton S. Jackson

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

14. Maiden name Muriel Mannson

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

16. (a) Informant Mrs. L.R. Mann

(b) Address Annapolis Mo.

17. (a) burial (b) Date thereof 4/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 414 White Ironton Mo.

19. (a) 5/14 (b) H. B. C. Zander
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Annapolis
(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 April day 6
year 1941 hour 9 minute 30 A. 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 fracture of skull
auto accident

Due to _____

Due to _____

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

Major findings: Of operations

Of autopsy none

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) accident

(b) Date of occurrence April 6 1941

(c) Where did injury occur? near Des Arc Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place hiway

3 While at work? no (Specify type of place) _____
(e) Means of injury car wreck

23. Signature H. B. C. Zander (M. D. or other) _____
Address Ironton Mo. Date signed _____

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

47
0
0

17026
98

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. *5012*

P. O. Address *Emblem Way*

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. 396

Primary Registration District No. 5845

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Union Twp
(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 Aneta Darlene Jackson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W
6. (a) Single, widowed, married, divorced _____

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

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

8. AGE: Years 1 Months 4 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(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 _____

20. DATE OF DEATH: Month apr day 6
year 1971 hour _____ minute _____ M.

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

Immediate cause of death Fract Skull Duration _____
acc.

Due to Loose Gravel, Carr skidding
on a curve causing driver to
Due to loose controle.
No other Carr Near.

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) acc.
(b) Date of occurrence apr 6 1971
(c) Where did injury occur near bus are mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Area

While at work? no (e) Means of injury Auto

23. Signature W. A. R. [Signature] (M. D. or other) Corinor
Address Ironton Mo. Date signed Apr 6 1971

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

SUPPLEMENTARY

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

