

Registration District No. 548

Primary Registration District No. 4323

Registrar's No. 5

1. PLACE OF DEATH Marion
 (a) County Palmyra
 (b) City or town _____
 (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 76 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Maria Louise Jackson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 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: Dec. 18 1864
 (Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
 12. Name Charles Jackson 9
 13. Birthplace No record
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucinda Johnson
 15. Birthplace No Record 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Holmes
 (b) Address Palmyra, Mo.

17. (a) Burial (b) Date thereof 2/1/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director Lewis Broad
 (b) Address Palmyra Mo.

19. (a) Feb 1-1941 (b) Certitude Lee
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion 64
 (c) City or town Palmyra 2
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
 year 1941 hour 10 minute 0 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 Died without medical attention!
came for 3 days before death - Extreme 7 legs - cause of death not definite - Presumably Cerebral Hemiplegia
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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) no
 (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? _____

23. Signature C. M. Lucker (Specify type of place) _____
 Address Howard St (e) Means of injury Stroke
 Date signed 1-31-41

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

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~~ XXXX

....., Registered Apprentice No.
working under my personal supervision.

Signed

Geoff. Bowers

Licensed Embalmer No. 2382

P. O. Address. Palmyra, 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.