

FILED MAY 13 1941

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

15417

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Pemiscott Registration District No. 1119  
 (b) Township Beach orch Primary Registration District No. 5868 Registered No. 2  
 (c) City Beach orch (d) Street No. 1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

- (a) Residence, No. Larry Jo Jackson  
Peach Orchard, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Premature child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-22-41

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 23 hrs. or 1 min.

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. None  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beach orch, mo13. NAME Ray Jackson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo15. MAIDEN NAME Lula Harris16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo17. INFORMANT (ADDRESS) Ray Jackson18. BURIAL, CREMATION, OR REMOVAL PLACE Schmuck DATE 3 25 4119. FUNERAL DIRECTOR (NAME) (ADDRESS) Stillman  
Peach orch 50020. FILED S-1 1941 J. R. Oray Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-41 194122. I HEREBY CERTIFY, That I attended deceased from 3-23-41, 1941, to 3-24-41, 1941.I last saw him alive on 3-22-41, 1941. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Oray M. D.(Address) Beach orch, mo

5-41-27

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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.....

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, above space should be left blank.**