S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17540

Registration District No. 175 Primary Registration District No. 5250 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Charlton

(b) ~~City or town~~ Rural Musselfork Twp. 1

(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 all her life

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Charlton 21

(c) City or town Rural. 0

(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles S.E. Musselfork 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? No — years.

3. (a) PRINT FULL NAME FLORA B. JACKSON.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ramey Jackson

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

7. Birth date of deceased Sept. (Month) 28 (Day) 1856 (Year)

8. AGE: Years 84 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Thomas Welch
13. Birthplace Musselfork (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Martha Goff
15. Birthplace Musselfork (City, town, or county) Mo (State or foreign country)

16. (a) Informant James Jackson

(b) Address Musselfork

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 12 (Day) 1941 (Year)

(c) Place: burial or cremation Welch Cemetery

18. (a) Signature of funeral director Hyde & Garnett

(b) Address Kaytonville

19. (a) 5-12-41 (Date received local registrar) (b) [illegible] MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1941 hour 8 minute — A. M.

21. I hereby certify that I attended the deceased from Nov 27, 1940, to May 11, 1941; that I last saw her alive on April 21, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	5 yrs
Due to generalized arteriosclerosis	7
Due to	
Other conditions (Include pregnancy within 3 months of death) 93A	
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? 163 (Specify type of place)

While at work? (e) Means of injury

23. Signature L. L. Harris (M. D. or other) MD

Address Salisbury Mo Date signed 5/12/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-6-41
Date Filed

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 H. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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, above space should be left blank.