

Registration District No. 668

Primary Registration District No. 3092

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bothwell ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis 80
(c) City or town Smithton 40
(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. 0 years.

3. (a) PRINT FULL NAME

SARAH REBECCA 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 Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased June 22 - 1878 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 27 hr. min.

9. Birthplace Pettis Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name James R. Fowler
13. Birthplace St Clair Co MO (City, town, or county) (State or foreign country)
14. Maiden name Catherine Bopson
15. Birthplace Mercer Co Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alice Mildred Jackson
(b) Address Smithton MO
17. (a) Buried (b) Date thereof 6-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Cem
18. (a) Signature of funeral director A. F. Neumeyer
(b) Address Smithton MO
19. (a) 6-21-41 (b) Mrs. Harry Sneed (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19 year 1941 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from June 7, 1941 to June 19, 1941 that I last saw him alive on June 19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myeloid leukemia
Due to Chronic nephritis
Due to Acute hepatitis
Bronchial asthma

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) _____
(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? _____

(Specify type of place) While at work? (e) Means of injury

23. Signature London B. B. B. B. B. (M.D. or other) MO
Address Sedalia MO Date signed 6-20-41

REC'D
Health Officer No. 8,
District No. 7-7-41
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.....

A. F. Neumeyer

Licensed Embalmer No. *3912*

P. O. Address *Smithton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.