

No. 2
1-10-39
-17-
X

AUG 7 1941 75.
Registration District No. _____

Primary Registration District No. 6162

State File No. _____

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural-Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #319
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs - 8 mos - 23 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Harwood
(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.

8. (a) PRINT FULL NAME Charles Delbert Jackson

9. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 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. Dec. 2 1893
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name John A. Jackson

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

14. Maiden name America Thompson

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

16. (a) Informant G. E. Jackson (brother)

(b) Address Harwood, Mo.

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

(c) Place: burial or cremation Martin Cem, Cedar Co.

18. (a) Signature of funeral director Reverend Siders

(b) Address El Dorado Springs, Mo.

19. (a) 7/31/41 (b) Allen C. Hays
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1941 hour 10:55 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 9 1938 to July 30 1941;
that I last saw him alive on July 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pneumonia - 1 day
Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy None Done

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? _____

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

23. Signature Wm. H. Potter (M. D. or other) MD

Address Nevada, Mo. Date signed 7-30-41

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

SEP 9 1941

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1222

Date Filed 8-5-41

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: *M. P. Gorme*

Licensed Embalmer No. 2034

P. O. Address Edwards Office

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.