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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30967

Registration District No. 59

Primary Registration District No. 59-570

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Grassy
(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 Several years
(Specify whether years, months or days)

In this community Several years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine Evelyn Jackson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26
year 1941 hour 6:00 minute 40 P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 13 1849
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw her alive on 6/1/41 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

92 5 18 hr. _____ min.

Immediate cause of death Cardiac Decompensation
Due to Cerebral Hemorrhage

9. Birthplace Frankfort Kentucky
(City, town, or county) (State or foreign country)

Other conditions _____

10. Usual occupation Housewife

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Samuel Gurd

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

14. Maiden name Unknown

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Bertie Hama

(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof 8/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hahn Chapel Cem.

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? _____

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) 1945-1941 (b) Mrs. Gale Berry
(Date received local registrar) (Registrar's signature)

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

23. Signature Joseph Myers (M. D. or other) _____
Address St. Louis, Mo. Date signed 8/27/41

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrell, Va

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.