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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35113

Registration District No. 303

Primary Registration District No. 5520

Registrar's No.

1. PLACE OF DEATH:
(a) County HOLT
(b) City or town OREGON RURAL RR. 1
(c) Name of hospital or institution: Rural RR #1
(d) Length of stay: In hospital or institution 1 X
In this community 1890 years, months or days

3. (a) PRINT FULL NAME ALMA PARSONS JACKSON
(b) If veteran, name war X
(c) Social Security No. X

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased May 4 1978

8. AGE: Years 63 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Wayne County, Iowa

10. Usual occupation Housewife + Teacher

11. Industry or business Teacher

MOTHER FATHER { 12. Name John Jackson
13. Birthplace Jefferson, Co. Ohio
14. Maiden name atherine parsons
15. Birthplace Franklin Co. Ohio

16. (a) Informant Mrs J H Gallou
(b) Address Oregon Mo

17. (a) Oregon (b) Date thereof Oct 13 41
(c) Place: burial or cremation Maple Grove Cem

18. (a) Signature of funeral director Fred Johnson
(b) Address Epworth

19. (a) 10-13-41 (b) Date received local registrar
(c) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Holt
(c) City or town Oregon
(d) Street No. Rural RR #1
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th
year 1941 hour 3:30 PM minute M.

21. I hereby certify that I attended the deceased from November 1939 to October 11, 1941; that I last saw her alive on Oct. 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Due to

Due to

Other conditions 124P
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Cirrhosis of liver
Of operations
Of autopsy

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 Nella D. Turney (M.D. or other) DD
Address Oregon Date signed 10-13-41

32T (Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1944

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: *Fred Lehman*
Licensed Embalmer No. *1279*
P. O. Address *Swaranch on*

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.

14-11-01