

FILED JAN 22 1941 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Savannah
(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 86 Yrs years, months or days)

3. (a) PRINT FULL NAME Mary Jane Jackson

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Charis Jackson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased I 13 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>10</u>	<u>15</u>	hr. _____ min.

9. Birthplace Bolckow 0-mo
(City, town, or county) (State or foreign country)
at home

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name George Litts

13. Birthplace un known 9
(City, town, or county) (State or foreign country)

14. Maiden name un known

15. Birthplace un known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Whitechuck

(b) Address Savannah Mo.

17. (a) B (b) Date thereof 12 10 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Brest

(b) Address Savannah Mo.

19. (a) Dec. 10-41 (b) Mrs. Jennie Rash
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Savannah Mo. 1
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1941, to Dec 8, 1941, that I last saw her alive on Dec 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease Heart Failure

Due to Acq. Myocarditis

Due to Arteria Sclerotic

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

Major findings: Of operations 930

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter Myzland (M. D. or other) 0

Address Savannah Mo Date signed Dec 10 1941

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

E. C. Breit

Licensed Embalmer No. *2650*

P. O. Address. *Savannah 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, fact should be so stated above.