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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 11 1942
Registration District No. 381 479

Primary Registration District No. 4-3-40 5776B Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Holliday Marion

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community Lifetime
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Holliday
(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 George Richard Jackson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1942 hour 4 minute 0 M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Minnie Jane Jackson

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 21 (Month) 1870 (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1941 to Jan 20 1942
that I last saw him alive on Jan 20 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Coronary Thrombosis

Due to arterio-sclerosis chronic degeneration

Due to _____

9. Birthplace Monroe Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation merchandise

Major findings: Of operations 1318

Of autopsy _____

11. Industry or business merchandise

12. Name Wm Jackson

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

14. Maiden name Margie Goodwin

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

16. (a) Informant Minnie Jane Jackson

(b) Address Holliday, Mo

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? _____

17. (a) burial (b) Date thereof 1-21-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holliday Cemetery

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

18. (a) Signature of funeral director Leda Thompson

(b) Address Madison

19. (a) 1-20-42 (b) Otis K. Hedberg
(Date received local registrar) (Registrar's signature)

23. Signature Geo M. Republic D. or other MD

Address Holliday Mo Date signed 1/20/42

FEB 9 1942

JUL 1 10 1942

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

A. Richard Braun

Registered Apprentice No. *309*

working under my personal supervision.

Signed

Mrs. Irena Thompson

Licensed Embalmer No.

3252

P. O. Address

Madison, 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.