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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Hospital # 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80

(c) City or town 107 E Lima 6

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

(d) Street No. Sedalia Mo 4

(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELLA W. JACKSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race Negro

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

6. (b) Name of husband or wife George Jackson

6. (c) Age of husband if alive 71 years

7. Birth date of deceased 3 (Month) 5 (Day) 1883 (Year)

8. AGE: Years 59 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Bunceton Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nathienal Baylor
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Eulie M. Brown

(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-42 (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. D. Ferguson

(b) Address 117 E. Jefferson

19. (a) 2/3/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1942 hour 2.30 minute P M.

21. I hereby certify that I attended the deceased from Jan 28, 1942 to Jan 31, 1942 that I last saw her alive on Jan 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Diabetic Mellitus

Due to

Other conditions (Include pregnancy within 3 months of death) 61

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Sedalia Mo Date signed 2/3-42

10.22

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-10-42

FEB 2 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed F D Ferguson

Licensed Embalmer No. 2172

P. O. Address Dedalia

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.