

Rev. 5-17-39  
1 x 10511

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6184**

FILED MAR 3 1942  
Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County Cape Girardeau County

(b) City or town Cape Girardeau, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Mo (b) County Scott

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

(d) Street No. County Farm  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MARY JANE JACKSON

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1942 hour 6 minute 0 M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wm. Jackson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 9 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-1-41, 1941, to 1-2-42, 1942, that I last saw her alive on 1-1-42, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 7 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Bronchial pneumonia Post operative pneumonia Duration 1 week

Due to Embolism - Pulle

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

Other conditions Amputation L leg Middle 3rd thigh

(Include pregnancy within 6 months of death)

10. Usual occupation house wife

Major findings: Dec 2 1941

Of operations \_\_\_\_\_

Of autopsy 107

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George W. Pack

13. Birthplace Weshville, Brunswick, N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Artemis Jackson

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

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 \_\_\_\_\_

16. (a) Informant's own signature Richard G. Pack

(b) Address Cape Gir AT 2

17. (a) Burial (b) Date thereof 1/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Co Cemetery Beuton Mo.

18. (a) Signature of funeral director Chapman Hubbs

(b) Address Chaffee Mo

19. (a) 1-9-42 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

23. Signature W. O. Finner (M. D. or other) \_\_\_\_\_

Address Chaffee Mo Date signed 1/3/42

# RECEIVED

District Health Officer No. 4  
District File Number 242-145  
Date Filed 1-10-42

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## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**