S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

10495

State File No.

FILED APR 10 1942

Registration District No. 3

Primary Registration District No. 5228

Registrar's No. 11

**1. PLACE OF DEATH:**
(a) County: CEDAR
(b) City or town: RURAL - BOX TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: MISSOURI (b) County: CEDAR
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME: JOHN ANDREW JACKSON

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: MALE

5. Color or race: White

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

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

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

7. Birth date of deceased: Sept (Month) 12 (Day) 1851 (Year)

8. AGE: Years 90 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace: TENN 1 (City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business .....

FATHER
12. Name: JOHN A JACKSON
13. Birthplace: TENN 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: SARAH E HARDIN
15. Birthplace: TENN 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Silas Vaughn
(b) Address: R.2. El Dorado Springs Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 3-8-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: MARTIN (Cem)

18. (a) Signature of funeral director: Gwinn-Siders
(b) Address: El Dorado Springs. Mo

19. (a) 3-7-1942 (Date received local registrar) (b) L. F. Dunaway (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day ..... year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Dec 26 - 1938 to Mar 3 1942 that I last saw him alive on Feb 28 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death): 93d

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? .....
While at work? ..... (Specify type of place) (e) Means of injury D

23. Signature: H. Dawson (M. D. ~~or other~~)
Address: El Dorado Springs Date signed 3-7-42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 71
District File Number 4-42-3
Date Filed 4-8-42

**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 O B Seders

Licensed Embalmer No. 3250

P. O. Address El Dorado Springs

**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.**