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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1942

Registration District No. 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 10791

Registrar's No. 196

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(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 Missouri (b) County ~~Dallas~~ Greene 039
(c) City or town Fair Grove (Rural) 0
(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.? ~~[illegible]~~ 1 years.

3. (a) PRINT FULL NAME BYRON M 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 Child
6. (b) Name of husband or wife Child
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased July (Month) 5 (Day) 1931 (Year)

8. AGE: Years ✓ 10 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Fair Grove (City, town, or county) Mo (State or foreign country)
10. Usual occupation School Boy
11. Industry or business
MOTHER FATHER
12. Name Claude Jackson
13. Birthplace Fair Grove (City, town, or county) Mo (State or foreign country)
14. Maiden name Bernice Snodgrass
15. Birthplace Elkland (City, town, or county) Mo (State or foreign country)
16. (a) Informant Claude Jackson
(b) Address Elkland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olive Near Fair Grove
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo
19. (a) 3-14-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1942 hour 8 minute 20 P. M.
21. I hereby certify that I attended the deceased from March 8, 1942, to Mch 12, 1942, that I last saw him alive on Mch 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis acute spreading	5 days
Due to: Appendicitis acute perforation	7 days
Due to: Bronchopneumonia	2 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Perforated appendix
Of autopsy

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 X
23. Signature Robert Glynn (M. D. or other) MD
Address Springfield Date signed 3/17/42

(Licensed Embalmer's Statement on Reverse Side)

APR 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. ~~2508~~,

working under my personal supervision.

Signed Leonard B Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo Me

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.