FILED APR 24 1942

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

11247
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston Registration District No. 508
(b) Township or City Chillicothe Primary Registration District No. 3026 Registered No. 37
(c) (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 2 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jacob B. Jackson 013
(a) Residence, No. Braymer Mo. St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary M. Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-22-1868
7. AGE YEARS 83 MONTHS 6 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) Feb-14-1942
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri

FATHER
13. NAME Jacob Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kyoniah Tenn.

MOTHER
15. MAIDEN NAME Martha Jane Ford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn.

17. INFORMANT (ADDRESS) Grafton Jackson Polk Mo.
18. BURIAL, [redacted], OR REMOVAL PLACE Braymer Mo. Mar-23, 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Michael Braymer, Mo.
20. FILED MARCH 21, 1942 LOU ELLA CURTY Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21, 1942
22. I HEREBY CERTIFY, That I attended deceased from 3/19, 1942, to 3/21, 1942
I last saw him alive on 3/21, 1942. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Gall bladder | Dark Knee |

Other contributory causes of importance: 46 f

Name of operation None Date of
What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. McGrace, M. D.
(Address) Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

50M-9-19-38 I X16603

## 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 E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Brayman, 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, above space should be left blank.**