

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  
FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17645

State File No. \_\_\_\_\_

Registration District No. 124

Primary Registration District No. 5179

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Cape Girardeau  
 (b) City or town Jackson  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 83 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
 (c) City or town Jackson 16  
 (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. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Alexander Headricks

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

4. Sex Male 5. Color or race W 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 February 10 1859  
 (Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jackson D Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name John-HEADRICKS

13. Birthplace 1 TENNESSEE  
 (City, town, or county) (State or foreign country)

14. Maiden name MARY DALTON

15. Birthplace 1 TENNESSEE  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert Headrick

(b) Address Jackson Mo

17. (a) Burial (b) Date thereof May 24 1942  
 (Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director Wilson-Sath-Slabang

(b) Address Jackson Mo

19. (a) 5/28/42 (b) J.H. Keister  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
 year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from May 10, 1941 to May 26, 1942  
 that I last saw him alive on May 24, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis  
 Duration about 10 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W.T. Slabang (M. D. or other) \_\_\_\_\_

Address Jackson Mo Date signed 5-24-42

RECEIVED

District Health Officer No. 4  
District File Number 642-744  
Date Filed 6-11-42

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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 Glenn Wilson  
Licensed Embalmer No. 2828  
P. O. Address Jackson 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.