

FILED JUN 5 1942 799

Primary Registration District No. 1477

Registrar's No.

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

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1. PLACE OF DEATH:

(a) County Saline

(b) City or town Miami Sun
(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)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Robert Lee Jackson

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 18 yr 3

7. Birth date of deceased may 28 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 2 11 ..hr. ..min.

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

10. Usual occupation Farm labor

11. Industry or business.....

MOTHER FATHER

12. Name Lee Moore

13. Birthplace Miami MO
(City, town, or county) (State or foreign country)

14. Maiden name Bella Moore

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

16. (a) Informant Sammye M. Campbell

(b) Address Miami MO

17. (a) Burial (b) Date thereof May 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami

18. (a) Signature of funeral director Campbell Lewis

(b) Address Marshall MO

19. (a) (Date received local registrar) (b) Mrs. John Giger
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline

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

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from May
....., 1940, to 5-27, 1942
that I last saw him alive on 5-27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Hepatitis 2 years
Due to unknown Cause
Due to.....
Other conditions ascites
(Include pregnancy within 3 months of death) 2 months

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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 1

23. Signature: W. Sullivan (M. D. or other)
Address Miami, MO Date signed 5/28/42

1211

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 6-4-42

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, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Joe A. Lewis

Licensed Embalmer No. 1171

P. O. Address. Marshall 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, fact should be so stated above.