

8800  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County. Randolph  
 (b) City or town. Rural, S. of Springfield, Mo.  
 (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  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State. Missouri (b) County. Randolph  
 (c) City or town. Rural  
 (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. \_\_\_\_\_

3. (a) PRINT FULL NAME. Laura Virginia Jackson  
 3. (b) If veteran, name war. \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 15  
 year 1942 hour 11 A.M. minute 30 M.  
 21. I hereby certify that I attended the deceased from  
June 15 1942, to June 15 1942  
 that I last saw h. ex alive on June 15 1942  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, 2 divorced, Married  
 6. (b) Name of husband or wife. Robert S. Jackson  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased. May 1 1879  
 (Month) (Day) (Year)

Immediate cause of death.  
Cerebral Hemorrhage 3 hours  
 Due to Hypertension B.P. 260/160  
 Due to \_\_\_\_\_  
 Other conditions. \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
63 1 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings:  
 Of operations. none  
 Of autopsy. none  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace. Goodsmille, Indiana  
 (City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

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

MOTHER FATHER  
 12. Name. George W. Myers  
 13. Birthplace. Virginia  
 (City, town, or county) (State or foreign country)  
 14. Maiden name. Henryetta Jackson  
 15. Birthplace. Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant. Mr. R. S. Jackson  
 (b) Address. Huntsville, Missouri

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

(c) Place: burial or cremation. Jackson Cemetery

18. (a) Signature of funeral director. Tom B. Patton  
 (b) Address. Huntsville, Mo.

19. (a) 7-1-42 (b) Miss P. ...  
 (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
 23. Signature. P. Dreyer (M. D. or other) M.D.  
 Address. Huntsville, Mo. Date signed 6/23/42

RECEIVED

District Health Officer No. 10

District File Number 7-42-1344

Date Filed JUL - 6 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.....  
working under my personal supervision.

Signed

*Paul J. Patton*

Licensed Embalmer No.

4095

P. O. Address

*Hartsville, 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.