

FILED AUG 7 1942

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

24427
Do not use this space.

1. PLACE OF DEATH

(a) County **Howard** Registration District No. **378**
(b) Township _____ Primary Registration District No. **4222**
(c) City **Fayette.** (d) Street No. _____ Registered No. **49**
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Jackman
(a) Residence, No. **New Addition** St.
(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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fannie Jackman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **?**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

FATHER 13. NAME **Unknown**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs. Anna Spence**
(ADDRESS) **Fayette, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Hillsdale** DATE **July 27, 1942**

19. FUNERAL DIRECTOR **L. J. Meister**
(ADDRESS) **Boonville, Mo.**

20. FILED **7-27-42** **Thomas D. Penny**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 25, 1942**

22. I HEREBY CERTIFY, That I attended deceased from **July-13, 1942** to **July 25, 1942**
I last saw him alive on **July 15, 1942** Death is said to have occurred on the date stated above, at **12.30 P.M.**

The principal cause of death and refitted causes of importance were as follows:

Congestion of Lung
Date of onset

Other contributory causes of importance:
Atherosclerosis and Coronary Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** 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? **no**
If so, specify _____
(Signed) **J. R. Richards**, M. D.
(Address) **Fayette, Mo.**

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.

Dr. J. E. Richard

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-6-42

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No. 1399

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed B. L. Fisher Jr

Licensed Embalmer No. 1399

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.)