S. No. 2
M—9-4-41
v. 5-17-39
I X29484

FILED AUG 13 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24794

State File No.

Registration District No. 566 Primary Registration District No. 3030 Registrar's No. 68

67
1
2

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

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marshall St 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 19 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Charleston, Mo 1
(If outside city or town limits, write "RURAL") 2
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MISSOURIA JACKSON
3. (b) If veteran, name war —
3. (c) Social Security No. None

4. Sex Fem 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Andrew Jackson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 10 (Day) 1886 (Year)

8. AGE: Years 56 Months Days 29 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business —
FATHER
12. Name William Smith
13. Birthplace U. K. (City, town, or county) U. K. 9 (State or foreign country)
MOTHER
14. Maiden name Unknown U. K.
15. Birthplace U. K. (City, town, or county) U. K. 9 (State or foreign country)
16. (a) Informant Mabel Brooks
(b) Address Eau Claire, Mich.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Charleston
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie, Mo.
19. (a) 8-1-42 (Date received local registrar) (b) D G Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1942 hour 8.15 minute P. M.
21. I hereby certify that I attended the deceased from on 6/30 1942 to , 19 ;
that I last saw her alive on 6/30/42 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach (Primary) — Duration D.K.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy

46 b

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?
(Specify type of place)
While at work (e) Means of injury
23. Signature E. Elias Rolwing (M. D. or other)
Address Charleston Mo Date signed 7/14/42

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-1036
Date Filed 8-10-42

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, or by Jamis E. Scott, Registered Apprentice No. 316, working under my personal supervision.

Signed Travis Shelby.

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.