

FILED **Aug 20 1942**

Registration District No. **632**

Primary Registration District No. **4382**

Registrar's No. \_\_\_\_\_

75  
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer  
(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 years, months or days)

In this community 26 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

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

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

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Jackson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1942 hour 3 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olive Goff

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. 1 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 23  
1942 to June 23 1942  
that I last saw him alive on June 23 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>4</u>	<u>22</u>	_____ hr. _____ min.

Immediate cause of death Angina Pectoris

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

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

9. Birthplace Hardy Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Switchman

Other conditions 948  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

11. Industry or business Railroad

12. Name D. E. Jackson

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

14. Maiden name Mary Richardson

15. Birthplace Hardy Arkansas  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Oscar Jackson

(b) Address Jonesboro, Ark.

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? \_\_\_\_\_

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

(c) Place: burial or cremation Thayer, Mo.

18. (a) Signature of funeral director Geo. Carr

(b) Address Thayer, Mo.

19. (a) July 15, 42 (b) Gae D. Williams  
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Thayer Date signed 7-8-42

Cooper

RECEIVED

District Health Officer No. 5

District File Number 842678

Date Filed 8-21-42

AUG 25 1942

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**