S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1942

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29895

State File No.

Primary Registration District No. 3007

Registrar's No. 313

1. PLACE OF DEATH:
(a) County: Butler 12
(b) City or town: Poplar Bluff 7
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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: 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler 12
(c) City or town: Poplar Bluff 7
(If outside city or town limits, write "RURAL") 3
(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: Henry Jackson

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 9

5. Color or race: negro

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Martha Jackson

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

7. Birth date of deceased: February (Month) 19 (Day) 1869 (Year)

8. AGE: Years 73 | Months 7 | Days 10 | If less than one day: hr. min. 1

9. Birthplace: Hamburg (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Henry Jackson
13. Birthplace: Hamburg Mississippi 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lucy Pyles
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Henry Jackson
(b) Address: Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Morroco

18. (a) Signature of funeral director: Grover Jernigan
(b) Address: Malden Missouri

19. (a) 10-2-42 (Date received local registrar) (b) Bella Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 29 year: 1942 hour: 6 minute: 30 A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Arteriosclerosis

Due to: Objective and subjective symptoms

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

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: Alfred W. Green Coroner (M.D. or other)
Address: Poplar Bluff Mo Date signed: 9-29-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1042-1300
Date Filed 10-7-42

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.....

....., 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.