

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.

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

30290
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 114
 (b) Township Meramec Primary Registration District No. 5432
 (c) City Sullivan (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Jackson,
 (a) Residence, No. Sullivan, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Jackson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 25th, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>4</u>	<u>8</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Washington, Co. Mo. D

FATHER

13. NAME Smith Jackson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, D

MOTHER

15. MAIDEN NAME Edith Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, D

17. INFORMANT Henry Sloss,
(ADDRESS) Bourbon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE Sept. 6th, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. T. Williams,
Sullivan, Mo.

20. FILED 9/5/42 19 Gilbert Gilhaus
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3d, 1942

22. I HEREBY CERTIFY, THAT I attended deceased from Sept. 1, 1942, Sept. 2, 1942
 I last saw him alive on Sept. 2, 1942 Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1932

Other contributory causes of importance:
93d

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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) D. L. K. Garner
 (Address) Sullivan, Mo.

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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

J. T. Williams

Licensed Embalmer No. 427

P. O. Address . Sullivan, 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, above space should be left blank.