

No. 2
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1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31091

FILED OCT 13 1942-78

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. _____

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1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County L. Pike
(b) City or town Louisiana
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 521 S Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME John W^m Jackson
3. (b) If veteran, name war No 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sep day 3
year 1942 hour 1 minute 00 A. M.
21. I hereby certify that I attended the deceased from 8-30 1942 to 9-2-42 1942
that I last saw him alive on 9-2- 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased March 18 - 1870
(Month) (Day) (Year)

Immediate cause of death Hypopneumonia
Due to Chronic Myocarditis
Duration _____

8. AGE: Years 72 Months 5 Days 15 If less than one day _____ min.

9. Birthplace Effingham Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R R Man

11. Industry or business _____

12. Name Thomas Andrew Jackson

13. Birthplace (2)
(City, town, or county) (State or foreign country)

14. Maiden name Mary Westfall

15. Birthplace (2)
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John M Jackson

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof Sept. 5 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside

18. (a) Signature of funeral director F. O. Haly

(b) Address Louisiana Mo

19. (a) Sep 3 - 42 (b) F. O. Haly
(Date received local registrar) (Registrar's signature)

Other conditions _____
(Includes pregnancy within 3 months of death)
Major findings: None
Of operations _____
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) None
(b) Date of occurrence _____
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M.D. or other)
Address Louisiana Mo Date signed 9-3-42

11691

OCT 16 1942

8-MO
11

BP

RECEIVED

District Health Officer No. 10

File Number 10-42-1909

Filed OCT 12 1942

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.....

George O. Wagner

....., Registered Apprentice No.....

working under my personal supervision.

Signed *George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31091

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(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 John W Jackson

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased mar 18 1908
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 22 if less than one day..... min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 10 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I first saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic hemorrhage pneumonia

Duration.....

Due to.....

Due to chronic myocarditis

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

Major findings:
Of operations..... 108

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....
(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at..... (c) Means of injury.....

23. Signature..... (M. D. or other)
Address..... Date signed.....

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

SUPPLEMENTARY

