

FILED NOV 11 1942 4
Registration District No. 294

Primary Registration District No. 5056

Registrar's No. 179

88
36

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly, Mo City

(c) Name of hospital or institution: U.S. Negro 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 _____ years, months or days

3. (a) PRINT FULL NAME ELLA JACKSON

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Mar.

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years about 60 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Lank Harvey

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

14. Maiden name Fatsy Patton

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

16. (a) Informant Hilkie Cross

(b) Address Moberly Mo

17. (a) Oakland Cem (b) Date thereof 10-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Robert L. Carr

(b) Address Moberly Mo

19. (a) 10/13/42 (b) J. J. Hove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

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

(d) Street No. 610 Negro St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1942 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 30, 1942 to Oct 9, 1942, that I last saw her alive on Sept 30, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Dis

Due to _____

Due to _____

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

Major findings: Of operations 131 b

Of autopsy _____

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? _____

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

23. Signature cc Smith (M. D. or other) _____

Address Moberly Mo Date signed 10/13/42

88
6
3
0

Duration
Dysent
months

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

RECEIVED

District Health Officer No. 10

District File Number 11-42-1979

Date Filed NOV - 9 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.....

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

..... working under my personal supervision.

Signed.....

Robert L. Carr
..... Licensed Embalmer No. 3190.....

..... 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.