

FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40612

State File No. _____

Registration District No. _____

Primary Registration District No. 6290

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town BUFFALO South Penton
(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) 58 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
(c) City or town BUFFALO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME HARRY JACK
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 4 year 1942 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 1942 to 11-4-42 1942 that I last saw him alive on an 11-2-42 1942 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife FRANZIS JACK 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased: 6 (Month) 30 (Day) 1872 (Year)

Immediate cause of death Emphysema of
retention

8. AGE: Years 72 Months 4 Days 4 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace OSCALOOSA Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Painter

11. Industry or business _____
12. Name Robt. Jack
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant JIM JACK
(b) Address BUFFALO Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-6-1942 (Month) (Day) (Year)
(c) Place: burial or cremation BUFFALO Cem.
18. (a) Signature of funeral director L.B. Jones
(b) Address BUFFALO Mo.
19. (a) _____ (Date received local registrar) (b) _____ (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)
(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 [Signature] (M.D. or other) _____
Address [Address] Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

30
00

#10

1124

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1366

Date Filed 12-16-42.

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 Clyde Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo 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. 40612
Registrar's No. 2

Registration District No. 97

Primary Registration District No. 6290

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

1. PLACE OF DEATH

(a) County Wallas
(b) City or town Buffalo
(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 5-8 yrs years, months or days)

3. (a) PRINT FULL NAME Harry Jack
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race nr 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Francis Jack 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June 30 - 1877 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Jack
13. Birthplace _____ (City, town, or county) (State or foreign country) nrk
14. Maiden name nrk
15. Birthplace _____ (City, town, or county) (State or foreign country) nrk

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1/5/43 (b) Walter P. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Wallas
(c) City or town Buffalo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month nr Day 4
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

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

Major findings:
Of operations _____

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)

(b) 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 _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

