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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2782

State File No.

FILED FEB 9 1943

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 821-Calhoun
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59 1
(c) City or town Chillicothe 2
(If outside city or town limits, write "RURAL")
(d) Street No. 821-Calhoun
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME Mary E. Jackson
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter M. Jackson
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov. - 30 - 1879 (Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Jackson Twsp. Liv. Co. Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business ✓
FATHER
12. Name James R. Campbell
13. Birthplace Va. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Harriet Hale
15. Birthplace West Va. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Helen Jackson
(b) Address Chillicothe Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood
18. (a) Signature of funeral director James D. Gordon
(b) Address Chillicothe Mo
19. (a) January 4-1943 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6-1943
year 1943 hour 1 A.M. minute ___ M.
21. I hereby certify that I attended the deceased from April 1, 1942 to Jan 6, 1943
that I last saw her alive on Jan 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left Kidney — Duration 1 yr
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 52
Major findings:
Of operations
Of autopsy Carcinoma of left Kidney & spleen

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 [signature] (M.D. or other)
Address Chillicothe Mo Date signed 1/6/43

45 0 (Licensed Embalmer's Statement on Reverse Side)

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 James D Gordon

Licensed Embalmer No. 1870

P. O. Address Lebanon 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.