

FILED MAR 11 1943

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette  
(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 85 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Fayette  
(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 Wannie Jackman

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

4. Sex Female 5. Color or Race Black 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased April 10 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 10 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name WANNIE JACKMAN

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

14. Maiden name ANNA JACKMAN

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

16. (a) Informant Anna Eliza Spence

(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof Feb 28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hilldale Cem.

18. (a) Signature of funeral director L. J. Meeker

(b) Address 1300 North 7th St

19. (a) 2-27 1943 (b) Edward W. Hillman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25  
year 1943 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 2-22-43  
19\_\_\_\_ to 2-25-43 19\_\_\_\_  
that I last saw her alive on 2-22-43 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis pericarditis

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 934

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)  
(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 D. L. Coffman (M.D. or other) MD  
Address Fayette Mo Date signed 2/27/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Dated 3-10-43

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

*C. T. Felwood*

Licensed Embalmer No.

1399

P. O. Address

*Highway 100*

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.