

G.W. Whitaker  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 19 1943

Registration District No. 218

Primary Registration District No. 4334

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:  
Residence 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) 50 yrs

In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mississippi

(c) City or town East Prairie  
(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 MARY CLINTON JACKSON

3. (b) If veteran, name war.....

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31  
year 1943 hour 9:50 minute 9 M.

21. I hereby certify that I attended the deceased from alt January 30, 1932 to Jan 31, 1943

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

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

7. Birth date of deceased: Sept 7 1861  
(Month) (Day) (Year)

that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 4 Days 24 If less than one day  
hr..... min.

Immediate cause of death.....  
93 Chronic myocarditis and myocardial degeneration

Due to.....

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

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

Due to.....

10. Usual occupation Retired

11. Industry or business.....

Major findings:  
Of operations.....

Of autopsy.....

12. Name..... Unknown

13. Birthplace Unknown V.K. 9  
(City, town, or county) (State or foreign country)

93d

14. Maiden name Unknown

15. Birthplace Unknown U.K. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Jackson

(b) Address East Prairie

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?.....

17. (a) Burial (b) Date thereof 2-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood Shelly

While at work?..... (Specify type of place)

(e) Means of injury.....

18. (a) Signature of funeral director Travis Shelly

(b) Address East Prairie

23. Signature George W. Whitaker (M.D. or other)

Address East Prairie Mo. Date signed 2/2/43

19. (a) 2-6-43 (b) George W. Whitaker  
(Date received local registrar) (Registrar's signature)

1211

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

67  
2  
0

RECEIVED

District Health Office No. 2,

District File Number 243-257

Date Filed 2-16-48

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

James E. Scott, Registered Apprentice No. 316  
working under my personal supervision.

Signed Francis Stelly

Licensed Embalmer No. 2726

P. O. Address East Prairie

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.