

ED APR 14 1943

State File No.

Registration District No. 17

Primary Registration District No. 3008

Registrar's No. 88

14
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fruitport
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since Oct 13-41
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Shelby 14
(c) City or town Shelbina 2
(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 0

In this community, years, months or days)
3. (a) PRINT FULL NAME Jacob Jackson
3. (b) If veteran, name war etc 3. (c) Social Security No. etc

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1943 hour 7 minute 35 a. M.
21. I hereby certify that I attended the deceased from 11-20, 1942 3-15 — 1943
that I last saw him alive on 3-14, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife etc 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 15 1886
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration

8. AGE: Years 56 Months Days If less than one day
..... hr. min.

Due to
Due to

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

Other conditions (include pregnancy within 3 months of death) 83a!

10. Usual occupation laborer

Major findings: Of operations
Of autopsy

MOTHER FATHER

11. Industry or business
12. Name John Jackson 9
13. Birthplace etc (City, town, or county) (State or foreign country)
14. Maiden name Mary Jackson
15. Birthplace etc (City, town, or county) (State or foreign country)

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?

16. (a) Informant record
(b) Address

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

17. (a) Buried (b) Date thereof 3-21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature H. E. Stewart (M. D. or other) 8
Address Fruitport MO Date 3/17/43

(c) Place: burial or cremation Shelbina MO
18. (a) Signature of funeral director Milton G. Baughman
(b) Address Shelbina MO
19. (a) March 16, 1943 (b) Jose M. Morschke
(Date received local registrar) (Registrar's signature)

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..... *W. H. Karpis*.....

Licensed Embalmer No. *3498*.....

P. O. Address *Shelburne, 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.