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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14022

State File No. _____

FILED APR 16 1943

Registrar's No. 32

Registration District No. 67

Primary Registration District No. 6269

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Bruner Rural
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian

(c) City or town Bruner Rural
(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 _____

3. (a) PRINT FULL NAME SARAH JANE 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 widowed

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

7. Birth date of deceased: April 11 - 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 26 If less than one day hr. _____ min. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1943 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb-17 1943 to April-6 1943
that I last saw ET alive on April-5 1943
and that death occurred on the date and hour stated above.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Copeland

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

14. Maiden name Emaline Walker

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

16. (a) Informant Paris Jackson

(b) Address 15 Bruner, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 8, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director Chas Rathbun

(b) Address Sparta, Mo

19. (a) 4-12-1943 (Date received by registrar) (b) Mrs. M. Johnson (Registrar's signature)

Immediate cause of death: Hypertensive Pneumonia, Cerebral Duration 10 days

Due to apoplexy, brain (Cerebral)

Due to Hypertension Idiopathic

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

Major findings: _____
Of operations 107

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Chas Rathbun (M. D. or other) 4460

Address Sparta, Mo Date signed Apr 10, 1943

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

22
00

25
00

1258

APR 21 1943

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 T. B. Chaffin
Licensed Embalmer No. 2192
P. O. Address Oriskany

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.