

FILED MAY 12 1943

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State OKLA. (b) County CRAIG 34
(c) City or town CENTRALIA 0
(If outside city or town limits, write "RURAL")
(d) Street No. GENERAL DELIVERY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME MARRIE JACKSON

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, WIDOW
6. (b) Name of husband or wife THOS. JACKSON 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN 1 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER
12. Name NOT KNOWN
13. Birthplace 9
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Jackson

(b) Address Centralia OKLA

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 4-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation NOWATA OKLA

18. (a) Signature of funeral director PALMER S

(b) Address LEBANON MO

19. (a) 4-18-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 14
year 1943 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Apr 11, 1943 to Apr 14, 1943;
that I last saw her alive on Apr 13, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 55 hrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93a

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 H. A. Hamilton (M. D. or other) 2
Address Lebanon, Mo. Date signed 4-14-43

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

Received MAY 1943
Laclede County Health Unit
File No. 4-43-57
Date Filed MAY 11 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 *D. Babner*
Licensed Embalmer No. 1161
P. O. Address *St. Louis 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.