

FILED JUN 7 1943

Primary Registration District No. 3002

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: 1022 S Davis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs (Specify whether years, months or days)

In this community 18 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew

(c) City or town Mexico 4
(If outside city or town limits, write "RURAL")

(d) Street No 1022 S. Davis 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country Callaway Co Mo

3. (a) PRINT FULL NAME MAYIE JACKSON

3. (b) If veteran, name war No

3. (c) Social Security No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 29
year 1943 hour 4 minute 05 P M.

21. I hereby certify that I attended the deceased from 4-1-
1942 to 5-29, 1943
that I last saw her alive on 5-29, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

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

7. Birth date of deceased April 14 - 1925
(Month) (Day) (Year)

Immediate cause of death Pul Tuberculosis

8. AGE: Years 18 Months 1 Days 14
If less than one day hr min.

Due to

Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business

Of autopsy

12. Name Green William Jackson

13. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Alice Ann Hickens

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

16. (a) Informant Brown W. Jackson

(b) Address 1022 S Davis St. Mexico

17. (a) Burial (b) Date thereof 6-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Mo

18. (a) Signature of funeral director Priscilla

(b) Address 1014 Alister Mexico

19. (a) 5/30/43 (b) Margaret N Machie
(Date received by registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Mo 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) (r) Means of injury

23. Signature H. J. Kector (M. D. or other)

Address Mexico, Mo. Date signed 6-2-43

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. 10

District File Number 6-43-955

Date Filed JUN 5 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 Rice Alexander

Licensed Embalmer No. 4345

P. O. Address. 1014 Western

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 10

Primary Registration District No. 3002

Registrar's No.

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Mexico
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Marie Jackson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 14 (Month) (Day) (Year)

8. AGE: Years 18 Months 1 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 9 Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

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)

(b) 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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

17280