

FILED JUL 15 1943

Registration District No. 100 Primary Registration District No. 3018

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Salem, Missouri.
(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 years, months or days)

In this community 50 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent.

(c) City or town Salem,
(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 John William Jackson

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Feb. 9 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Geo. W. Jackson

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

14. Maiden name Dont know
(City, town, or county) (State or foreign country)

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

16. (a) Informant Florence terrell

(b) Address Gladdin, mo.

17. (a) burial (b) Date thereof 6-25-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Empire Cemetary

18. (a) Signature of funeral director Hobson & Grantham

(b) Address Salem, Missouri.

19. (a) 6-23-43 (b) Joe D. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour Seven minute 30 A.M.

21. I hereby certify that I attended the deceased from 6/24/43
_____ 19____, to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy
Same where thigh hip
in bowel
Caused ear like
spots & vomiting increasing
loss of weight
type of Malignancy Unknown

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) MD
Address [Signature] Date signed 6/25/43

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

RECEIVED

District Health Officer No. 51

District File Number

743444

Date Filed

7-13-43

JUL 21 1943

JUL 29 1950

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 Hayd W. Fox

Licensed Embalmer No. 2910

P. O. Address Salem, 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.