V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21635

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 360

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carl Junction Mo. R. I (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Lonzo D. Jackson.

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lucille

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased August 17th 1899 (Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Kay County Oklahoma. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business same

FATHER
12. Name Warren Jackson.
13. Birthplace Swanick Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Wigson.
15. Birthplace Shelby Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lucille Jackson

(b) Address R-1 Carl Jct Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28th 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem Pk

18. (a) Signature of funeral director Hurlburt Bud

(b) Address Joplin Mo.

19. (a) 6-30-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1943 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from 6-19, 1943, to 6-26, 1943; that I last saw him alive on 6-26, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of Liver Traumatic

Due to (Fell from house at home

Due to on farm

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Accident 12

(b) Date of occurrence 6-17-43

(c) Where did injury occur? Farm (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm (Specify type of place)

While at work? Yes (e) Means of injury See above

23. Signature [signature] (M. D. or other) MD

Address [illegible] Date signed 6/26/43

(Licensed Embalmer's Statement on Reverse Side)

43-6-850

JUL 20 1943

AUG 20 1958

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.....Perry T. Hurlbut

Licensed Embalmer No.....959

P. O. Address.....Joplin 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.