

S. No. 2  
M-542  
5-17-39  
1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21814

ED JUL 6 1943

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mt Vernon  
(c) Name of hospital or institution Mo State Sanatorium  
(d) Length of stay: In hospital or institution 155 1 day  
In this community 155 1 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pandolph  
(c) City or town Moberly Mo  
(d) Street No. 1018  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ernest Jackson

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

4. Sex Male 5. Color or race black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Jackson 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec 18 1915

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>6</u>	<u>23</u>	hr. min.

9. Birthplace Moberly Mo

10. Usual occupation Laborer

11. Industry or business —

12. Name Ruth Jackson

13. Birthplace Howard Co. Mo

14. Maiden name Mary Pradel

15. Birthplace St Charles Mo

16. (a) Informant Emt. Michael Reed Club

(b) Address Mo State San.

17. (a) Removal (b) Date thereof June 25 1943

(c) Place: burial or cremation Huntville Mo

18. (a) Signature of funeral director H. D. Hockett

(b) Address Mt Vernon Mo

19. (a) 6-26-43 (b) Andy Crawford

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 2:45 minute — M.

21. I hereby certify that I attended the deceased from Jan 24 1939 to June 23 1943 that I last saw him alive on June 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory & Respiratory failure  
Due to nitrous oxide anasthesia

Other conditions Pulmonary tuberculosis  
(Include pregnancy within 3 months of death)

Major findings: thoracoplasty  
Of operations —  
Of autopsy 13 ft

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? —  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

23. Signature M. D. Hockett (M. D. or other) —  
Address Mt Vernon Mo Date signed 6-23-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1358

RECEIVED

District Health Officer No. 6,

District Office No. 743-821

Date Filed July 27 1943

JUL 16 1943

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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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon 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.