

S. No. 2
M-9-4-41
5-17-39
PI X2948

Dr. H. H. H.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22003

State File No.

Registrar's No. *26*

FILED JUN 17 1943
Registration District No. *218*

Primary Registration District No. *5788*

1. PLACE OF DEATH:

(a) County *Mississippi*

(b) City or town *Burial*

(c) Name of hospital or institution: *Residence 1*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *Life*

In this community *Life*

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO*

(b) County *Mississippi*

(c) City or town *Rural*

(d) Street No. *8 miles South of E. Prairie*

(e) Citizen of foreign country? *0*

3. (a) PRINT FULL NAME *Haley JACKSON*

3. (b) If veteran, name war *✓*

3. (c) Social Security No. *none*

4. Sex *Female* 5. Color or race *Negro*

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive *22nd* years (Day) (Year)

7. Birth date of deceased *4th* *22nd* *1900*

8. AGE:

Years	Months	Days	If less than one day
<i>42</i>	<i>11</i>	<i>12</i>	<i>hr min.</i>

9. Birthplace *Hennings Tenn.*

10. Usual occupation *Home wife*

11. Industry or business

12. Name *Hain Stackmon*

13. Birthplace *Hennings Tenn.*

14. Maiden name *Winkley Wilson*

15. Birthplace *Brownhill Tenn.*

16. (a) Informant *Charley Reed*

(b) Address *East Prairie Mo. Rt 2*

17. (a) *Burial* (b) Date thereof *4-5-43*

(c) Place: burial or cremation *Cap Troy*

18. (a) Signature of funeral director *Lewis W. Shelby*

(b) Address *East Prairie Mo*

19. (a) *6-14-43* (b) *Jammie E. Bauman*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *April* day *5th* year *1943* hour *4* minute *A.M.*

21. I hereby certify that I attended the deceased from *No Medical attendance* that I last saw h. *alive on* and that death occurred on the date and hour stated above.

Immediate cause of death *Acute Myocarditis*

Due to

Due to

Other conditions *93%*

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) Means of injury

23. Signature *Lewis W. Shelby* (M. D. or other) *Coroner*

Address *East Prairie, Mo* Date signed *4/6/43*

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 Office No. 2,

District File Number 643-837

Date Filed 9-15-48

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.