

Filed JUL 10 1943

Primary Registration District No. 5907

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 30 years or more
years, months or days

3. (a) PRINT FULL NAME Andrew Jackson

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex male

5. Color or race Colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Don't know
(Month) (Day) (Year)

8. AGE: Years about 99 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Don't know

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 Anderson Hicks

(b) Address Steele, Mo. Route #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-43
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Herman Underhill

(b) Address Steele, Missouri

19. (a) 7-1-43 (Date received local registrar) (b) C. C. Lambaugh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 73

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

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1943 hour 5:30 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes, absent

Due to 99 years old

Due to _____

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

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) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed 6/7/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

6-43-219

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.....

Licensed Embalmer No.....

P. O. Address.....

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.