

Registration District No. 267

Primary Registration District No. 598-23049

1. PLACE OF DEATH

(a) County Peru
(b) City or town Hayti
(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
In this community 18 yrs (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Will Jackson

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Jackson 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased 6-20-1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Labor

11. Industry or business Cotton farm

12. Name Abe Jackson

13. Birthplace Russellville, Ala
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Williams

15. Birthplace Mobile Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Jackson

(b) Address Hayti Mo

17. (a) Burial (b) Date thereof 6-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo

18. (a) Signature of funeral director L. J. Smith
(b) Address Hayti Mo
19. (a) 6-12-43 (b) Wm. H. Hardt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Peru
(c) City or town Hayti 78
(If outside city or town limit, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 10 minute 2 P. M.

21. I hereby certify that I attended the deceased from 6-15 to 6-11, 1943
that I last saw him alive on 6-11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis Duration 6 Mos.

Due to _____
Due to _____

Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) _____
(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) (Cause of injury)

23. Signature L. D. Denton (M.D. or other) Mo
Address Hayti Mo Date signed 6-12-43

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

8
2
1

1327

6-43-223

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, above space should be left blank.