S. No. 2
1—4-13-40
v. 5-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Hogeboom

State File No. 28247

Registration District No. ~~310~~ 128

Primary Registration District No. 2000

Registrar's No. 641

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 75
(c) City or town Alton
(If outside city or town limits, write "RURAL")
(d) Street No. Route #3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME Clyde E. Jackson
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Jackson
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased March (Month) 29 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
54	4	10	hr. min.

9. Birthplace Alton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name James Jackson
13. Birthplace Unk. (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Jane Cherry
15. Birthplace Unk. (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Ella Jackson
(b) Address Alton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Alton Missouri
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 8-11-43. (Date received local registrar) (b) O. W. E. Hamby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9 year 1943 hour 9 minute 30 a. M.
21. I hereby certify that I attended the deceased from August 6, 1943, to August 9, 1943, that I last saw him alive on August 9, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction (Small Bowel, Cause undetermined)	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 22a
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? (Specify type of place)
While at work (e) Means of injury

23. Signature Flow Hogeboom (M. D. or coroner)
Address Springfield Mo Date signed 8-9-43

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1943

JAN 16 1946

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 L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield

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.