No. 2
-5-42
-17-39
X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31155

FILED OCT 11 1943

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 223

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1120 Locust St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 5 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 1120 Locust St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: RUTHYE JACKSON
3. (b) If veteran, name war: None
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 2 - 12 - 1893 (Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 6 If less than one day hr. min.

9. Birthplace: Boyden (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: Hamilton Jackson
13. Birthplace: New York (City, town, or county) (State or foreign country)
14. Maiden name: Maude Jackson
15. Birthplace: New York (City, town, or county) (State or foreign country)
16. (a) Informant: Maude Jackson
(b) Address: 1120 Locust St., Columbia, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Iowa City, Iowa
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 9-20-'43 (Date received local registrar) (b) Edna H. Parker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 18 year: 1943 hour: 5:30 minute: A. M.
21. I hereby certify that I attended the deceased from 9-16, 1943, to 9-18-, 1943, that I last saw him alive on 9-17-, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Rt. breast & Lung — Duration: Do not know
Due to: Do not know
Due to: 50
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy: None

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: W. P. Dyson (M. D. or other)
Address: Columbia Mo. Date signed: 9-18-43

12 50

(Licensed Embalmer's Statement on Reverse Side)

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 W. V. McKitrick

Licensed Embalmer No. 3893

P. O. Address Columbia, M

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.