

34882

State File No. _____

Registrar's No. 110

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED NOV 8 1943

Registration District No. 141

Primary Registration District No. 5551

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Leota, Mo. P.F.D.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 4 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell

(c) City or town Leota, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. P.F.D. (If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth E. Jackson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20
year 1943 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from Mich 1
1943 to 9-20, 1943
that I last saw her alive on About Mich 1, 1943
and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W

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

6. (b) Name of husband or wife M. E. Jackson 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 9-10-1859
(Month) (Day) (Year)

Immediate cause of death Mitral Insufficiency 2 yrs

Duration _____

8. AGE: Years 84 Months 10 Days _____ If less than one day hr. min.

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

10. Usual occupation Nursewife

11. Industry or business _____

12. Name M. H. Curry

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

14. Maiden name Charal E. Clark

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

16. (a) Informant Muriel Jewett

(b) Address Leota, Mo.

17. (a) (Burial, cremation, or removal) Funerary Home (b) Date thereof 9-22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home

18. (a) Signature of funeral director Robert M. ...

(b) Address West Leota, Mo.

19. (a) 10/31-43 (b) Paul Barber
(Date sealed local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 928

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) (e) Means of injury _____

Signature Cl. Beach (M. D. or other) Beach

Address Leota, Mo. Date signed 10/31-43

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

No. 2
2-43
17-39
X25697

16
5
5

1123

(Licensed Embalmer's Statement on Reverse Side)

Beach

RECEIVED

District Health Officer No. 5,
District File Number 1143633
Date Filed 11-5-43

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 A. D. Roberts

Licensed Embalmer No. 3437

P. O. Address Westhampton

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.