

NOV 10 1943  
Registration District No. 282

Primary Registration District No. 3055

Registrar's No. 39

1. PLACE OF DEATH: Polk  
 (a) County Polk  
 (b) City or town BOLIVAR, MISSOURI  
 (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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County POLK  
 (c) City or town BOLIVAR  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 1

3. (a) PRINT FULL NAME Milo Roland Jackson  
 3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 12  
 year 1943 hour 3:20 minute P. M.  
 21. I hereby certify that I attended the deceased from August  
1943 to Oct 12 1943  
 that I last saw him alive on Oct 12 1943  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Emma  
 6. (c) Age of husband or wife if alive 49 years  
 7. Birth date of deceased April 6 1891  
 (Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis  
 Duration 1 1/2 yrs  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
52 6 6 hr. \_\_\_\_\_ min.

9. Birthplace Ray Co. Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
 12. Name Isaac Jackson  
 13. Birthplace not known  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ann Cheshire  
 15. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: 13 fl  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Jackson  
 (b) Address Bolivar Mo  
 17. (a) Greenwood (b) Date thereof Oct. 17, 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Greenwood  
 18. (a) Signature of funeral director Hutcherson & Co.  
 (b) Address Bolivar Mo  
 19. (a) Oct 19, 1943 (b) Alma Palen  
 (Date received from registrar) (Registrar's signature)

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 Doyl McCreaw (M. D. or other) \_\_\_\_\_  
 Address Bolivar Mo Date signed 10/18/43

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

RECEIVED

District Health Officer No. 7;

License Number 10-43-1206

Date Filed 11-9-43

---

---

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 Paul T. Lutz

Licensed Embalmer No. 32746

P. O. Address Baltimore

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.