

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38534**

FILED DEC 9 1943

Registration District No. **175**

Primary Registration District No. **3036**

Registrar's No. **143**

1. PLACE OF DEATH:

(a) County **Lawrence**

(b) City or town **Aurora**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Aurora Hospital
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Barry**

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Sabina Dyer Jackson**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **11** year **1943** hour **10** minute **18 P.M.**

4. Sex **female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **A. F. Jackson**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 4 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 7** 19**43** to **Nov. 11** 19**43** that I last saw her alive on **Nov. 11** 19**43** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 **5** **7** _____ hr. _____ min.

Immediate cause of death **Ch Myocarditis**

Due to **Ch. Myocarditis**

9. Birthplace **Barry County Missouri**
(City, town, or county) (State or foreign country)

Due to **Unresolved Pneumonic Processes**

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

10. Usual occupation **Housewife**

MOTHER FATHER

11. Industry or business _____

12. Name **J. M. Marbut**

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

14. Maiden name **Rebecca Buxton**

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

Major findings: **131 f**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Morris Dyer**

(b) Address **Verona, Mo. R. F. D.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-14-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Kellogg Cemetery**

18. (a) Signature of funeral director **W. D. Roane**

(b) Address **Cassville, Mo.**

19. (a) **11-15-43** (Date received local registrar) (b) **Emmie Green** (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 **R. S. Gowan** (M. D. or D.O.)

Address **Aurora, Mo.** Date signed **11/14/43**

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

RECEIVED

District Health Officer No. 6,

District File Number 1243-1319

Date Filed DEC 7 1943

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.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed W. C. Koon.....

Licensed Embalmer No. 4359

P. O. Address Council Bluffs, Mo.

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.