

No. 2
-2-43
-17-39
X35857

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42754

FILED JAN 14 1944

Registration District No. 170

Primary Registration District No. 5630

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution: RT. 31
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 Mo years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53

(c) City or town LEBANON
(If outside city or town limits, write "RURAL")

(d) Street No. RT. 31
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JAMES R. JACKSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 19TH year 1943 hour 9 minute 30 A. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife LIZZIE HANKINS

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased SEPT 28 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-17 1943 to 12-8 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 2 Days 21
If less than one day hr. _____ min. _____

Immediate cause of death Respiratory failure Duration _____

Due to Cerebral apoplexy

Due to hypertensive heart disease

Other conditions Chronic valvular heart disease
(Include pregnancy within 3 months of death)

9. Birthplace CAMDEN CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business _____

12. Name FRANK JACKSON

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

14. Maiden name KATHERIN HEFTON

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

PHYSICIAN _____

Major findings: _____

Of operations 93d

Of autopsy _____

16. (a) Informant James R. Jackson

(b) Address R3 LEBANON MO

17. (a) Burial (b) Date thereof 12-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PINEY MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 12-31-43 (b) Grace Roper
(Date received local 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 Arvid H. Roper (M. D. or other) P.O.

Address Lebanon, Mo. Date signed 12-23-43

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

3
0
0

1090

(Licensed Embalmer's Statement on Reverse Side)

Received.....
Laclede County Health Unit
File No. 12-43-187
Date Filed 1-12-44

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 Alysa Dethlefsen
Licensed Embalmer No. 4333
P. O. Address Labanon 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.