

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 254

Primary Registration District No. 5-860 of 380

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Koshkonong Big Apple Twp.
(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 5 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Koshkonong
(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 _____

3. (a) PRINT FULL NAME Daniel Elbert Jackson

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. Married
/ divorced

6. (b) Name of husband or wife Cora Bell Howell 6. (c) Age of husband or wife if
alive 49 years

7. Birth date of deceased Sept. 20 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 2 1 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Wesley Jackson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Luella Switzer
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ben F. Jackson

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 11/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Two Mile Cem.

18. (a) Signature of funeral director Geo. Carr

(b) Address Thayer, Mo.

19. (a) 12-12-43 (b) Geo. W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1943 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from
Sept 1, 1943 to Nov 21, 1943
that I last saw him alive on Nov 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease - Chronic Myocarditis.
Due to Acute Myocardial Infarction.
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 W. P. Cover M.D. (M. D. or other) _____
Address Thayer, Mo. Date signed _____

Duration

20 years

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

1112

Applied

RECEIVED

District Health Officer No. 5,

District File Number 14445-

Date Filed 1-7-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.