

Registration District No. 47

Primary Registration District No. 3168

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town RURAL McCreddie, Mo.
(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 CALLAWAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. McCreddie R.F.D.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

FORD CALVIN JACKSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced, DECEASED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased MAR 12 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace FRANKFORT KY 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name Geo. JACKSON

13. Birthplace KY 1
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Apphia Shipman 7
(City, town, or county) (State or foreign country)

16. (a) Informant MRS John McMICHEL

(b) Address McCreddie, Mo.

17. (a) BURIAL (b) Date thereof Dec. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD Mexico

18. (a) Signature of funeral director Blair Y. Manning

(b) Address 712 Cent St, Fulton, Mo.

19. (a) Dec 27, 1943 (b) Jesse M. Moush...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1943 hour 1 minute 30 AM

21. I hereby certify that I attended the deceased from 11/7/43 to 11/24 1943 that I last saw him alive on 11/7/43 and that death occurred on the date and hour stated above.

Immediate cause of death chr. myocarditis

Due to arteriosclerosis senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations none

Of autopsy none

Duration
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 0

Signature: Denny Dunt (M. D. or other) MD
Address: Fulton Mo. Date signed: 12/27/43

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

14
0
0

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.....

Glen J. Mangum

Licensed Embalmer No.....

21725

P. O. Address:.....

Stanton, 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.