

FILED MAY 9, 1944

Registration District No.

Primary Registration District No. 3008

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Callaway

(c) Name of hospital or institution: St. Mary's 210. 10
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 9-24-36
(Specify whether)

In this community
year, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

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

(d) Street No. 1
(If rural, give location) 2

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gregory Jackson

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1944 hour 6 minute 03 M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 15 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-20-43 1943 to 4-9 1944
that I last saw him live on and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 6 16 hr. min.

Immediate cause of death Chronic myocarditis

Due to

Due to

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

10. Usual occupation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name H. Jackson

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

14. Maiden name

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

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?

16. (a) Informant

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/9/44
(Month) (Day) (Year)

(c) Place: burial or cremation Callaway, Mo.

18. (a) Signature of funeral director Hallace Funeral Home

(b) Address 726 1/2 E. Fulton St. D.C. Browning

19. (a) 4-9-1944 (Date received local registry) (b) Josie Mossackhoff (Registrar's signature)

Signature (Specify type of place) (e) Means of injury (M. D. or other)

Address Date coded 4/9/44

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

4
1
2

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-8-44.....

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 Perzil C. Browning.....

Licensed Embalmer No. 2724.....

P. O. Address Fulton 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.