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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18854

Registration District No. FILED JUN 8 1944 Primary Registration District No. 3052 Registrar's No. 161

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 421 N. Engineer
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: George Amos 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, divorced: Widowed
6. (b) Name of husband or wife: Mellissa Rahcliffe
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 26 (Day) 1858 (Year)

8. AGE: Years 85 Months 7 Days 14 If less than one day hr. min.

9. Birthplace: Morgan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER 12. Name: Amos Jackson
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Clarence Jackson
(b) Address: Sedalia, Missouri
17. (a) Burial, Morgan Co (Burial, cremation, or removal) Date thereof: 5/12/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell Cemetery
18. (a) Signature of funeral director: McLaughlin Bros.
(b) Address: Sedalia, Missouri
19. (a) 5-10-44 (Date received local registrar) (b) Mrs Anna Geyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10 year 1944 hour 8 30 am minute M.
21. I hereby certify that I attended the deceased from 5/4, 1944 to 5/10, 1944 that I last saw him alive on 5/9, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: obstruction of bowels	8 da.
Due to: Don't ~~know~~ Know	
Due to:	
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.

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: DR Dyer (M. D. ~~or other~~)
Address: Sedalia MO Date signed 5/10/44

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-2-44

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 L. T. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia, 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.