

FILED JUN 20 1944

Registration District No. **27**

Primary Registration District No. **4360**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Portageville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution **Life** (Specify whether)

In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **Nannie Carolyn Jackson**

3. (b) If veteran, name war **C** 3. (c) Social Security No. **11**

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **John Quincy Adams** 6. (c) Age of husband or wife if alive **9** years **1864** (Year)

7. Birth date of deceased **New** (Month) **9** (Day) **1864** (Year)

8. AGE: Years **79** Months **6** Days **5** If less than one day hr. min.

9. Birthplace **1 Kentucky** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Quincy Adams**

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

14. Maiden name **unknown**

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

16. (a) Informant **John Jackson**

(b) Address **Portageville Mo.**

17. (a) **Burial** (b) Date thereof **May - 15 - 1944** (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville Mo.**

18. (a) Signature of funeral director **John C. Deane**

(b) Address **Portageville Mo.**

19. (a) **5-18-44** (b) **Ellen De Nile** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **Portageville** **72**
(If outside city or town limits, write "RURAL")

(d) Street No. **6** (If rural, give location) **0**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **1944** hour **12** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **June 12** 1944, to **May 14** 1944
that I last saw her alive on **May 13** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **6 yrs**

Due to **mitral insufficiency** ?

Due to **chr. nephritis** **8 or 9 yrs**

Other conditions **Senile Dementia** **1 yr**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **131 f**
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?

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

23. Signature **John J. Killian** (M. D. or other health officer)
Address **Portageville Mo.** Date signed **5-18-44**

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

2660

RECEIVED

District Health Office No. 2

District File Number 644-823

Date Filed 6-8-44

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 ^{not}.....

..... Registered Apprentice No.
working under my personal supervision.

Signed Noel C. Deane

Licensed Embalmer No. 3941

P. O. Address Postageville, 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.