

FILED AUG 19 1944
267

Registration District No. **267** Primary Registration District No. **5902**

78000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County **PEMISCOT**
 (b) City or town **HAYTI RURAL**
 (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)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

3. (a) PRINT FULL NAME **GERTRUDE JACKSON**
 3. (b) If veteran, name war **NO**
 3. (c) Social Security No. **NONE**

4. Sex **FEMALE**
 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced, **WIDOW**
 6. (b) Name of husband or wife **CLARENCE JACKSON**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **Oct. 29 1885**
 (Month) (Day) (Year)

8. AGE:
 Years **49** Months **8** Days **29**
 If less than one day
 .hr. .min.

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

10. Usual occupation **HOUSE WIFE**

11. Industry or business **HOME**

12. Name **JIM AUTRY**

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

14. Maiden name **MARGUERITE CAMPBELL**

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

16. (a) Informant **MARVELLA JACKSON**
(b) Address **HAYTI MO.**

17. (a) BURIAL (b) Date thereof **7-30-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DRY BAYOU**

18. (a) Signature of funeral director **VALHALLA FUNERAL HOME**
(b) Address **HAYTI MO.**

19. (a) 7-29-44 (b) **J. JOHNSON**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **PEMISCOT**
 (c) City or town **HAYTI RURAL**
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JULY** day **27**
 year **1944** hour..... minute.....

21. I hereby certify that I attended the deceased from
7-27-1944 to 7-27-1944
 that I last saw him alive on **7-27-1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death **acute dilatation of heart - few hours**

Due to.....
 Due to.....

Other conditions (Include pregnancy within 3 months of death) **9504**

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?

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature **L. D. Denton** (M. D. or other) **M.D.**
Hayti Mo Address Date signed **7/28-44**

7-44-167

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.....

Jack Kelly

Licensed Embalmer No.....

3788

P. O. Address.....

Haystack, 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.