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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED SEP 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 122

Primary Registration District No. 4201

Registrar's No. 15

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)

(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 Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

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

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

3. (a) PRINT FULL NAME Charlotte Jackson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 25
year 1944 hour 1:55 minute P. M.

21. I hereby certify that I attended the deceased from for
1 yr. 19..... to Aug 25 1944
that I last saw her alive on Aug 25 1944
and that death occurred on the date and hour stated above.

Duration

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Geo. Jackson 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec. 30 1882
(Month) (Day) (Year)

Immediate cause of death.....

Due to Chronic Myocarditis

Due to sepsis

Other conditions (Include pregnancy within 3 months of death) 93d

8. AGE: Years Months Days If less than one day

91 7 25 hr. min.

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charley O'Neal

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

14. Maiden name Martha Whites

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

16. (a) Informant Mrs. Madie Wade

(b) Address Republic Mo.

17. (a) Burial (b) Date thereof Aug 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wade Chapel

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?.....

18. (a) Signature of funeral director R. E. Thurnham D.D.

(b) Address Republic Mo.

19. (a) Aug 27 1944 (b) Florence Britain
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of duty) (Specify type of means of injury)

23. Signature R. E. Thurnham 70
Address Republic Mo. Date signed 9-1-44

1241

(Licensed Embalmer's Statement on Reverse Side)

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, *and*

Ellis M. Harrison, Registered Embalmer No. *3689*

working under my personal supervision.

Signed *Ellis M. Harrison*

Licensed Embalmer No. *509*

P. O. Address *Republic 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.