

FILED NOV 8 1944

Registration District No. **139**

Primary Registration District No. **5536**

Registrar's No. **86**

1. PLACE OF DEATH:

(a) County **Holt**  
(b) City or town **Oregon-Rural Lewis Twp**  
(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 **1**  
(Specify whether years, months or days)  
In this community **24 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt**  
(c) City or town **Oregon-Rural Lewis Twp**  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME **George Freeman 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 **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **January 27 1867**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **8** Days **26** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Wayne County Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business \_\_\_\_\_

12. Name **John Jackson**

13. Birthplace **Jefferson Co. Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Parsons**

15. Birthplace **Licking Co. Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Arthur Callow**

(b) Address **Oregon, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 26, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oregon, Missouri**

18. (a) Signature of funeral director **Samuel H. Pitts**

(b) Address **Oregon, Mo.**

19. (a) **10-26-44** (b) **Pauline Jackson**  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **23**  
1944 year hour **11** minut **20** P. M.

21. I hereby certify that I attended the deceased from **October 7 1944** to **October 23 1944**  
that I last saw him alive on **October 23 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Auricular Fibrosis** Duration **16 days**

Due to **Pneumonia**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **10 9 11**

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) (e) Means of injury \_\_\_\_\_

23. Signature **Nelle D. Turney** (M. D. or other) **MD**

Address **Oregon, Mo.** Date signed **10-27-44**

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

400

**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 James H. Pettibaker  
Licensed Embalmer No. 3992  
P. O. Address Oregon 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.**