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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34875**

**FILED OCT 24 1944**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County New-Madrid  
 (b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
X  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution X  
(Specify whether  
 In this community About 7 Years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County New Madrid **72**  
 (c) City or town 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 0

**3. (a) PRINT FULL NAME** George T. Jackson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased 6 6 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 3 21 hr. \_\_\_\_\_ min.

9. Birthplace Double Springs Ala.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name U.A. Jackson

13. Birthplace Double Springs Ala.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Farley

15. Birthplace Double Springs Ala.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Jackson

(b) Address Morehouse Mo. Box 71

17. (a) Burial (b) Date thereof 10/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director John Albritton

(b) Address Sikeston, Mo.

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 27  
year 1944 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from 9/27/44  
19. to 9/27/44 19. \_\_\_\_\_  
that I last saw him alive on 9/27/44 19. \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 M. C. Mill (M. D. or other) DO

Address Sikeston Mo. Date signed 9/29/44

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JUL 1 1955

3 1945

**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

Embalmed

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*John Alenton*

Licensed Embalmer No. 2941

P. O. Address

*Winton 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.**

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 46

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town N. M. Co. 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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME George J. Jackson

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

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

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

7. Birth date of deceased June 6 1897  
(Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace Double Springs Ala  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name G. G. Jackson

13. Birthplace Double Springs Ala  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Garber

15. Birthplace Double Springs Ala.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Jackson

(b) Address more house, Mo -

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 10-1-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Libertan, Mo.

18. (a) Signature of funeral director John Albritton

(b) Address Libertan, Mo

19. (a) 10-28-44 (b) Nelson Louis Jones  
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 17  
Year 1947 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death apoplexy

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 M. C. Mill (M. D. or other) \_\_\_\_\_

Address Libertan, Mo Date signed 10-29-47

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

MOTHER FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

34875