No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38148

State File No. .....

Registration District No. 114 Primary Registration District No. 3035 Registrar's No. 66

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: S. 8th St (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community ..... years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Lexington (If outside city or town limits, write "RURAL") 54

(d) Street No. S. 8th St (If rural, give location) 3

(e) Citizen of foreign country? ..... (Yes or No) 2

If yes, name country 0

3. (a) PRINT FULL NAME MAGGIE JACKSON

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

4. Sex Fe 1 | 5. Color or race W. | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claude Jackson 6. (c) Age of husband or wife if alive 35 years

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

8. AGE: Years 34 | Months 7 | Days 13 | If less than one day ..... hr. ..... min.

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

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Walter Smith
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace " (City, town, or county) " 9 (State or foreign country)

16. (a) Informant Claude Jackson 1

(b) Address Lexington Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director F. F. Tempel

(b) Address Lexington Mo

19. (a) Dec. 5. 44 (Date received local registrar) (b) Mrs Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 8 year 1944 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from Mch, 1944, to Nov 8, 1944; that I last saw her alive on June, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Missing Carcinoma Pelvis	3 yr.
Due to Generalized Carcinomatosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. A. Ryland (M. D. or ~~other~~)

Address Lexington Mo Date signed 12/5/44

1158 (Licensed Embalmer's Statement on Reverse Side)

Ryt

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 12-9-44

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

Signed Geo. McKean

Licensed Embalmer No. 8983

P. O. Address Lexington, 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.