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State File No. **38186**
Registrar's No. **153**

FILED DEC 4 1944
383

Registration District No. _____

Primary Registration District No. **5655**

1. PLACE OF DEATH:
 (a) County **Lawrence**
 (b) City or town **Mount Vernon** (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Missouri State Sanatorium** (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **11 days** (Specify whether
 In this community **11 days** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Stoddard**
 (c) City or town **Lavalle** (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 **L. E. Jackson**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **19**
 year **1944** hour **9** minute **30 P.M.**
 21. I hereby certify that I attended the deceased from **November**
9 19**44** to **Nov. 19** 19**44**
 that I last saw **him** alive on **Nov. 19** 19**44**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Colored** 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: **March** **8** **1924**
 (Month) (Day) (Year)

Immediate cause of death: **Pulmonary tuberculosis**
 Duration **over 2 yrs**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 13 1/2

8. AGE: Years Months Days If less than one day
20 **8** **11** hr. _____ min.
 9. Birthplace **Shelby** **Miss.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Farming**

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: **Of operations autopsy - Fawcett Pulat Tbc**
2: The pneumonia. Passive em-
Of autopsy gation of viscera
The Liver, spleen

MOTHER FATHER
 12. Name **Robert Jackson**
 13. Birthplace **Union Town** **Alabama**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Inez Smith**
 15. Birthplace **Union Town** **Alabama**
 (City, town, or county) (State or foreign country)
 16. (a) Informant **E. McMichael, Record Clerk**
 (b) Address **Mo. State San., Mount Vernon, Mo.**
 17. (a) **Burial** (b) Date thereof **11/23/44**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Depton**
 18. (a) Signature of funeral director **Suborn**
 (b) Address **Mo**
 19. (a) **11/23/44** (b) **Audrey Crawley**
 (Date received local registrar) (Registrar's signature)

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 **0**
 23. Signature **Charles A. Brasher** (M. D. or other) **0**
 Address **Mt. Vernon Mo.** Date signed **11-20-44**

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

1338

FEB 23 1945

RECEIVED

District Health Officer No. 6;

District File Number 1144-1262

Date Filed NOV. 20 1944

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

Tom Hill

Licensed Embalmer No.

2627

P. O. Address

Gilbert St

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec
Registrar's No. 153

Registration District No. 382 Primary Registration District No. 5655

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon
(c) Name of hospital or institution Mo. State Sanitarium
(d) Length of stay: In hospital or institution 11 days
In this community 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Lawville
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME L E Jackson
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov 1944 year 1944 hour 30 P minute 30 P M.
21. I hereby certify that I attended the deceased from Nov 19 1944 to Nov 19 1944 and that death occurred on the date and hour stated above.
Immediate cause of death pul. tbc

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced 5
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Duration 2 yr
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

7. Birth date of deceased March 5 1912
8. AGE: Years 20 Months _____ Days _____ If less than one day _____ mjn.
9. Birthplace Shelby Missouri
10. Usual occupation Farmer

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

11. Industry or business _____
12. Name Robert Jackson
13. Birthplace Union Grove Ala
14. Maiden name Leola Smith
15. Birthplace Mt Vernon Ala
16. (a) Informant E McMichael
(b) Address Mt Vernon Mo
17. (a) Removal Removal (b) Date thereof 11/25/44
(c) Place: burial or cremation Coal Camp Mo
18. (a) Signature of funeral director L M Bell
(b) Address Lebanon Mo
19. (a) 11/23/44 (b) Arday Camp

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? _____
(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 Chas. A. Baker (M. D. or other) _____
Address Mt Vernon Mo Date signed 11/29/44

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

SUPPLEMENTAL

FEB 23 1945

38186