

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38368**

FILED NOV 20 1944
Registration District No. **2421**

Primary Registration District No. **4331**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Moniteau Co**

(b) City or town **Jamestown, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **General Delv**
(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 **Life**
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau** **67**

(c) City or town **Jamestown, Mo.**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **General Delv**
(If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Adline Jackson**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct. 7** day **1944** 7
year **1944** hour **4** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Oct 7**
_____ to **Oct 7** 19**44**

that I last saw her alive on **Oct 7** 19**44**
and that death occurred on the date and hour stated above.

4. Sex **Femal**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July** **19** **1854**
(Month) (Day) (Year)

Immediate cause of death: **Chronic Valvular Disease of Heart**

Duration **3**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| 90 | 2 | 18 | hr. _____ min. _____ |

9. Birthplace **Moniteau Co**
(City, town, or county) (State or foreign country) **0**

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country) **9**

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country) **9**

16. (a) Informant **C. W. Jackson**

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

17. (a) **Burial** (b) Date thereof **Oct. 9, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Zion.**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director **Bowlin Funeral Home**

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

19. (a) **Oct-8-1944** (b) **Boone Bentzsch**
(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? _____

(Specify type of place) _____

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

23. Signature **A. L. Meredith** (M. D. or other) **0721**
Address **Pravine House** Date signed **10-9-44**
Mo

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

311

RECEIVED

District Health Officer No. 9,

License File Number

Date Filed

11-15-44

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 M.R.

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

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

R. O. Address California, 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.