

FILED DEC 12 1944

Registration District No. 2

Primary Registration District No. 6214

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural, Clear Creek  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon  
(c) City or town Rural  
(d) Street No. Harwood RFD, No. 1  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME

Baby 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 ---

6. (b) Name of husband or wife ---

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

7. Birth date of deceased Nov 20 1944  
(Month) (Day) (Year)

8. AGE: Years --- Months --- Days --- If less than one day two hrs min.

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

10. Usual occupation ---

11. Industry or business ---

MOTHER FATHER

12. Name Richard Alva Jackson

13. Birthplace Vernon Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Joseph Galloway

15. Birthplace Harwood Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Jackson

(b) Address Harwood Mo R-1

17. (a) Rural (b) Date thereof 11-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harwood Mo

18. (a) Signature of funeral director Alva Jackson

(b) Address Harwood Mo R-1

19. (a) 11-20-44 (b) Hubert Davis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Nov 20 1944 to Nov 20 1944

that I last saw her alive on Nov 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death premature birth Duration

Due to Placenta Praevia

Due to ---

Other conditions 15a  
(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?

While at work? (Specify type of place) (e) Means of injury ---

23. Signature W. Dawson (M. D. or other)

Address Harwood Mo Date signed 11-22-44

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

RECEIVED  
By \_\_\_\_\_ Officer No. 7,  
Emb. \_\_\_\_\_  
Date Filed \_\_\_\_\_ 11-44-1382  
12-8-44

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**