

FILED FEB 6 1945

Registration District No. 292

Primary Registration District No. 4443

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Library Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community about four months
years, months or days)

3. (a) PRINT FULL NAME William Bazzley 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 Married

6. (b) Name of husband or wife Mary Ella Jackson 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 6 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

12. Name Edward Jackson

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

14. Maiden name Delpha Jane Collins

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

16. (a) Informant Mrs. William B. Jackson

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 1/17/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 1-31-45 (b) Mrs. P. B. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. Library Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1945 hour 2:20 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 1, 1939 to Jan 14, 1945
that I last saw him alive on Jan 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 mo

Due to arterio-sclerosis

Due to _____

Other conditions 93A
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 0

23. Signature P. B. Meyer (M. D. or other) MD
Address Huntsville, Mo Date signed 1/29/45

1027

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

RECEIVED
District Health Officer No. 10
District File Number 2-45-221
Date Filed FEB 5 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Joni B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Md

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.