S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10466

State File No.

Registration District No. 105

Primary Registration District No. 5934

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Halfway (Rural) N. Benton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Mile East of Halfway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 76 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk 74

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

(d) Street No. 1 Mile East of Halfway
(If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Eva Deliah Jackhart

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ace Jackhart

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Nov. 25, 1860
(Month) (Day) (Year)

8. AGE: Years 83 | Months 9 | Days 9 | If less than one day ___ hr. 1 min.

9. Birthplace Eaton County Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business House Work

FATHER
12. Name Asher Shepard
13. Birthplace Newyork
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hitchcock
15. Birthplace Vermont
(City, town, or county) (State or foreign country)

16. (a) Informant Ace Jackhart
(b) Address Halfway, Mo.

17. (a) Burial (b) Date thereof Sept. 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ragsdale Cemetery

18. (a) Signature of funeral director Erwin Blue
(b) Address Balmar, Mo.

19. (a) ___ (b) Cora Wrinkle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1944 hour 2:35 minute a M.

21. I hereby certify that I attended the deceased from Aug 20 1944, to Sept 3 1944
that I last saw her alive on August 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 10 ds

Due to Arterio Sclerosis — Undet

Due to Age

Other conditions (Include pregnancy within 3 months of death) 82 a

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature G. L. Chemmer (M. D. or other) MD
Address Buffalo Mo Date signed 9-6-44

13 87

(Licensed Embalmer's Statement on Reverse Side)

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 Millard D. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, 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.