

FILED MAY 3 1945

Registration District No. 227

Primary Registration District No. 4399

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Paris
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mani St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5-5 minutes years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe
(c) City or town Paris (If outside city or town limits, write "RURAL")
(d) Street No. Mani St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Belford Ray Jackson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MA 5. Color or race W 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 4-25-45
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 0 hr. 55 min.

9. Birthplace PARIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name BELFORD JACKSON

13. Birthplace MONTGOMERY CO., MO. (City, town, or county) (State or foreign country)

14. Maiden name MARY LOUISE ROBERTS

15. Birthplace MONROE CO., MO. (City, town, or county) (State or foreign country)

16. (a) Informant Belford Jackson
(b) Address PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 4-30-45 (Date received local registrar) (b) Maxim Gartin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1945 hour 1:35 minute P M.

21. I hereby certify that I attended the deceased from 4-25-45 to 4-25-45
that I last saw him alive on 4-25-45 and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous Infant (6 mos.)
Duration 55 min.

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 F. H. Barnett (M. D. or other) MD
Address Paris, MO. Date signed 4-25-45

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

MOTHER FATHER

