

FILED MAY 11 1945

Registration District No. _____

Primary Registration District No. 5911

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Bragg City - Mo R 7 D Pass
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home of Son (Same as above) /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Betty Jackson
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if _____

7. Birth date of deceased Aug 27 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 26
If less than one day hr. min.

9. Birthplace Hodges, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name George Scott
 13. Birthplace Hodges, Alabama
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Weatherford
 15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant John Jackson
 (b) Address Bragg City Mo

17. (a) Burial (b) Date thereof 4-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hackleburg, Ala.

18. (a) Signature of funeral director Lentz Funeral Home
 (b) Address Kennett, Mo

19. (a) 5-3-45 (b) Mrs F.R. Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
 (c) City or town Bragg City Mo 78
(If outside city or town limits, write "RURAL")
 (d) Street No. R 7 D -
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23
 year 1945 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from March 20, 1945 to April 23, 1945
 that I last saw her alive on March 28, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death:
arterio-sclerotic disease
senility (78 yrs)
 Duration 608 hrs

Due to _____
 Due to _____

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

Major findings:
 Of operations 13/10
 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)
 (c) Means of injury _____

23. Signature Asst. Dir. (M. D. or other) 0
 Address Dayton, Mo. Date signed 4-23-45

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

MOTHER FATHER

4-45-89

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 Walter A. Hawkins
Licensed Embalmer No. 2007
P. O. Address Kennett 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.