S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14277A

Registrar's District No. 78 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 304 N. Eight St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 30 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 304 N. Eight St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME Lulah Jackson
3. (b) If veteran, name war No.
3. (c) Social Security No. No
4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bud Jackson
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 75			hr. min.

9. Birthplace Pike County (City, town, or county) Mo. U (State or foreign country)
10. Usual occupation Home Wife
11. Industry or business At home
FATHER
12. Name Unknown
13. Birthplace " " (City, town, or county) U (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " " (City, town, or county) U (State or foreign country)
16. (a) Informant Bud Jackson
(b) Address Louisiana Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12, 1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Louisiana, Mo.
18. (a) Signature of funeral director Charles Stone
(b) Address Louisiana Mo.
19. (a) 5-8-45 (Date received local registrar) (b) E. Haley Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 (7) year 1945 hour 1030 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound in back by Frank Vaughn — Duration

Due to

Due to

Other conditions (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) Homicide
(b) Date of occurrence April 7 1945
(c) Where did injury occur? Louisiana Pike Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? near the home on lawn (Specify type of place)
While at work? No (e) Means of injury Wound in back
23. Signature E. L. Mochis (Official title)
Address Louisiana Mo. Date signed 4-8-45

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-45-778
Date Filed MAY 10 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 J B Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.