

FILED MAY 14 1945
Registration District No. 214

Primary Registration District No. 3056

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

1. PLACE OF DEATH:
(a) County RANDOLPH
(b) City or town MOBERLY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WOODLAND HOSPT.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. 421 N. MONROE
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) ~~PREVIOUS~~ ALBERTA
BERTHA GILES JACKSON
(b) If veteran, name war ✓
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 15
year 1945 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 10
1937 to April 15 1945
that I last saw her alive on April 15 1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (c) Age of husband or wife if alive 1873
7. Birth date of deceased SEPT 1873
(Month) (Day) (Year)

Immediate cause of death cerebral apoplexy
Due to Respiratory failure
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months _____ Days _____ If less than one day _____
hr. _____ min. _____
9. Birthplace PALMYRA, Mo. D.
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
Duration NK
Underline the cause to which death should be charged statistically.

10. Usual occupation AT HOME
11. Industry or business _____
12. Name N.K.
13. Birthplace N.K.
(City, town, or county) (State or foreign country)
14. Maiden name N.K.
15. Birthplace N.K.
(City, town, or county) (State or foreign country)

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 _____
23. Signature W. H. Christman, M.D.
Address Paris, Mo. Date signed 4-15-45

16. (a) Informant MR. S. JOHN VARNET (FRIEND)
(b) Address PARIS, MO.
17. (a) BURIAL (b) Date thereof APR 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HOLLIDAY, MO.
18. (a) Signature of funeral director Speedor Slakey
(b) Address Paris, Missouri
19. (a) 4-16-45 (b) J. M. Kave
(Date received local registrar) (Registrar's signature)

AUG 23 1945

RECEIVED

District Officer No. 10

District File Number 5-45-795

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:

W. B. Blakey

Licensed Embalmer No.

2616

P. O. Address

Paris, Missouri.

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.