

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 561

1. PLACE OF DEATH:

(a) County. Richmond

(b) City or town. Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53yrs 6 months 13 days
(Specify whether)

In this community. Yes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Madison

(c) City or town. Marionville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. not given
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME. Rebecca P. Jackson

3. (b) If veteran, name war. no

3. (c) Social Security No. not

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5/18, day 18, year 1945 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 1st, 1945 to 5/18, 1945, and that I last saw her alive on 5/17, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: lobar pneumonia Duration 2 days

4. Sex. Female 5. Color or race. white

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

6. (b) Name of husband or wife. Johnathan R. Jackson

6. (c) Age of husband or wife if alive. not given years

7. Birth date of deceased. June 29, 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 19 If less than one day hr. min.

9. Birthplace. Keokuk Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation. house wife

11. Industry or business. at home

12. Name. Oliver Payson White

13. Birthplace. Keokuk Iowa
(City, town, or county) (State or foreign country)

14. Maiden name. Sarah M. Carson

15. Birthplace. Keokuk Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Laura Duran

(b) Address. 4415 Bryant Ave. Marionville Mo

17. (a) Burial (b) Date thereof. 5-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Moines Ia.

18. (a) Signature of funeral director. Flanagan & Son Inc

(b) Address. St. Joseph Mo

19. (a) 5-18-45 (b) Sheel & Diakala
(Date received local registrar) (Registrar's signature)

Due to. arteriosclerosis

Due to. none

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

Major findings: 108

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)

(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. [Signature] (M. D. or other)

Address. State Hospital # 7 Date signed. 5/18 1945

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

MOTHER FATHER

1077

(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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Robert D. Goble

Licensed Embalmer No.

330.8

P. O. Address.....

St. Joseph, 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.