

FILED JUN 14 1945

State File No. \_\_\_\_\_

Registration District No. 46

Primary Registration District No. 5754064

Registrar's No. 37

13000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell

(c) City or town Bedder MO-13  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME TABER JACKSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5 year 45 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 16, 1945, to Feb 1, 1945;

that I last saw him alive on Feb 1, 1945; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married Married

6. (b) Name of husband or wife Jessie M. 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 4 26 1854  
(Month) (Day) (Year)

Immediate cause of death Watermelon Duration 10 year

8. AGE: Years 90 Months 9 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations A

Of autopsy \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Alford Jackson

13. Birthplace Tenn. (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Tammie Tammie

15. Birthplace Tenn. (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Arthur Jackson

(b) Address Hamilton Mo.

17. (a) Burial (b) Date thereof 2-7-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton

18. (a) Signature of funeral director Barry Tammie

(b) Address Hamilton Mo.

19. (a) May 9 1945 (b) Corrine Jarrett  
(Date received local registrar) (Registrar's signature)

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 Henry X. Elder (M: D. or other) Do.

Address Hamilton Mo. Date signed 7-7-45

REC. FILED  
Distri. \_\_\_\_\_  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_  
SER. NO. 11

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 Me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Morris A. Bunn  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

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.