

17639
17639

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 24 1945

Registration District No. 23

Primary Registration District No. 5825

Registrar's No. 4356

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Osage (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)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Catron (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Robert Jackson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1945 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-30-45 to 1-31-45, 1945; that I last saw him alive on 1-30-45, 1945; and that death occurred on the date and hour stated above.

4. Sex M. D 5. Color W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Inell Jackson 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased (Month) 8 (Day) 19 (Year) 91

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

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

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Farmer

12. Name Colmon Jackson

13. Birthplace Alabama (City, town, or county) _____ (State or foreign country) _____

14. Maiden name in Alabama

15. Birthplace Alabama (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? _____

16. (a) Informant Mrs Jackson

(b) Address Osage #10

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3/45 (Month) (Day) (Year)

(c) Place: burial or cremation Catron

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature H Gilbert (M. D. or other) _____

Address Osage #10 Date signed 5-21-45

18. (a) Signature of funeral director H Gilbert

(b) Address _____

19. (a) 5/21/45 (Date received local registrar) (b) H Gilbert (Registrar's signature)

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

98
2/24/45

13410

MAY 25 1949

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. H. Hill*

Licensed Embalmer No..... *2687*

P. O. Address..... *Lilbourn 410*

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: -