

FILED

NOV 6 1945

State File No. _____

Registration District No. 220

Primary Registration District No. 5791A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town Enon Mo. Burn Fork
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enon Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 12 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Enon Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Enon Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Jackson

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 15 1853
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1945 hour 6/40 minute _____ P. M.
21. I hereby certify that I attended the deceased from 9-10-1944 to 10-20-1945
that I last saw him alive on about 2 year ago
and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy

8. AGE: Years 92 Months 0 Days 4
If less than one day hr. _____ min. 0

Due to General Atherosclerosis

Due to _____

9. Birthplace Moniteau Co
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

Major findings:
Of operations _____

Of autopsy Yes

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 0

23. Signature H.R. Posey (M. D. or other) M.D.
Address California Mo Date signed 10/20-45

MOTHER FATHER

12. Name William Apperson
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mariah Chambers
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Wilber Jackson
(b) Address Enon Mo.
17. (a) Burial (b) Date thereof Oct. 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Lebanon Cemt
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.
19. (a) 10-20-45 (b) _____
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 9,
District File Number #
Date Filed 11-5-45

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 J.M.E.

....., Registered Apprentice No.
working under my personal supervision.

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Nov

Registration District No. 220

Primary Registration District No. 5791A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County moniteau

(b) City or town Enon - Burr Fork
(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County moniteau

(c) City or town Enon
(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 Mary Jane Jackson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race w

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 15 1945
(Month) (Day) (Year)

8. AGE: Years 92 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation housewife

MOTHER FATHER

11. Industry or business _____

12. Name Wm Apperson

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

14. Maiden name Martha Chamberlain

15. Birthplace _____ (City, town, or county) (State or foreign country) mo

16. (a) Informant Walter Jackson

(b) Address Enon mo

17. (a) (Burial, cremation, or removal) _____

(b) Date thereof Oct 21 1945
(Month) (Day) (Year)

(c) Place: burial or cremation New Lebanon Conf

18. (a) Signature of funeral director Paulin Funeral H

(b) Address California

19. (a) 10-20-45 (b) H.R. Popejoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to General arteriosclerosis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN 83w

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 H.R. Popejoy M.D. M.D. or other _____

Address California Date signed _____

SUPPLEMENTARY

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

34209