

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Wetzel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 da
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Clinton
(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 HARLEY DALE JACKSON

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 29
year 1945 hour 10:11 minute _____ M.

21. I hereby certify that I attended the deceased from 11. 18 day
1945 to 11. 29. 1945
that I last saw him alive on 11. 29 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, divorced single

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

7. Birth date of deceased: 11 19 1945
(Month) (Day) (Year)

Immediate cause of death: Cerebral injury at birth

Due to Head laceration

Due to _____

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

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

9. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Harley C. Jackson

13. Birthplace Bates Co. Mo. 11
(City, town, or county) (State or foreign country)

14. Maiden name Naomi Virginia Maddux

15. Birthplace Quick City Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alpha Maddux
(b) Address Butler Mo. Route 2

17. (a) Burial (b) Date thereof 11-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Mo. Cemetery

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 11-30-45 (b) R. D. Henry
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Paul W. ... (Specify type of place) _____
(e) Means of injury _____

Address Clinton Mo. Date signed 11-29-45

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

1452

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 1945

RECEIVED

11-45-1167
12-6-45

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Fred Wilkerson

Licensed Embalmer No. *3278*

P. O. Address *Quinta*

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.