S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1946

State File No. 41825

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 368

1. PLACE OF DEATH:

(a) County Marion.

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

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

(d) Length of stay: In hospital or institution 3 Weeks. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls. 87

(c) City or town Perry, Missouri. (If outside city or town limits, write "RURAL")

(d) Street No. Perry, Missouri. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Curry E. Jackson.

3. (b) If veteran, name war

3. (c) Social Security No. 488-24-8033

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie B. Jackson

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 4, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	5	27	hr. min.

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

10. Usual occupation Laborer.

11. Industry or business Laborer.

FATHER
12. Name Andrew Jackson.
13. Birthplace Unknown (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Catherine Craft.
15. Birthplace Ralls County, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mrs Fannie B. Jackson.

(b) Address Perry, Missouri.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 12/3/45 (Month) (Day) (Year)

(c) Place: burial or cremation Lickcreek Cemetery. Perry, Mo

18. (a) Signature of funeral director Clyde B. Wilsey

(b) Address Perry, Missouri

19. (a) Dec 10-45 (Date received local registrar) (b) Dr E M Luske (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st. year 1945. hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 8-27- 1945 to 12-1 1945 that I last saw him alive on 12-1 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary sclerosis +	4 mo
thrombosis	4 mo
Due to -	
Due to -	
Other conditions (Include pregnancy within 3 months of death): Cardiac decompensation	1 mo

Major findings:
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? - (Specify type of place)

While at work? - (e) Means of injury -

23. Signature Howard Sudrick (M. D. ~~or other~~)

Address Hannibal, Mo Date signed

1394

(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~~ .....

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

working under my personal supervision.

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.