S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1946

State File No. 42303

Registration District No. 313 — Primary Registration District No. 6059 — Registrar's No. 4

1. PLACE OF DEATH:
(a) County: St. Clair
(b) City or town: Collins (Rural) Collins
(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): 3 years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St clair 93
(c) City or town: Collins Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: William Glen Jackson
3. (b) If veteran, name war:
3. (c) Social Security No.: 491-07-8772
4. Sex: M
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Zora Jackson
6. (c) Age of husband or wife if alive: 34 years
7. Birth date of deceased: May (Month) 6 (Day) 1904 (Year)
8. AGE: Years 41 Months 7 Days 15 If less than one day hr. min.
9. Birthplace: Carterville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: George Jackson
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
14. Maiden name: Jette Kingsbury
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Zora Jackson
(b) Address: Collins Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 22 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Robinson Cem
18. (a) Signature of funeral director: Osceola Funeral Home
(b) Address: Osceola Mo.
19. (a) Dec 24 1945 (Date received local registrar) (b) Ethelene Clifford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1945 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 24, 1945, to Dec 20, 1945, that I last saw him alive on Dec 8, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Silicosis	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 1146

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: M. E. D. Brown (M.D. or other) DO
Address: Collins Mo Date signed 12-22

1602 (Licensed Embalmer's Statement on Reverse Side)

1945

RECEIVED
District Health Officer No. 7,
District File Number 12-45-1279
Date Filed 1-8-46

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 Paul Firestone

Licensed Embalmer No. 3990

P. O. Address Osceola 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.