

No. 2
M-2-43
5-17-39
-1 X35697

FILED FEB 7 1946
Registration District No. **274**

Primary Registration District No. **5926**

Registrar's No. **30**

1. PLACE OF DEATH: **Pettis**

(a) County **Pettis**

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

(c) Name of hospital or institution:
2 miles south on #65 Highway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **forty years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
Missouri

(a) State _____ (b) County **Pettis 80**

(c) City or town **Sedalia (rural) Route 10**
(If outside city or town limits, write "RURAL")

(d) Street No. **2 miles south on #65 highway**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Rachel Cartner Jackson**

3. (b) If veteran, name war **none**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **30**
year **1946** hour **8:15** minute **P.** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Name of husband or wife **W.T. Jackson**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **70 years**

7. Birth date of deceased **May 18, 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 29th 1946 to Jan 30 1946**
that I last saw her alive on **Jan 30 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **8** Days **12**
If less than one day _____ hr. _____ min.

Immediate cause of death **Cerebral**
Meningeal cerebral hemorrhage
Senility
Due to **Senility and previous stroke about 2 yrs. ago**
Due to _____

Duration _____

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

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John C. Cartner**

13. Birthplace **unknown, Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Rachel Rennisen**

15. Birthplace **unknown, Kentucky**
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant **W.T. Jackson (husband)**

(b) Address **Route 1, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **2/2/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Duane Ewing**

(b) Address **Sedalia, Mo.**

19. (a) **2/2/46** (b) **A. J. Campbell**
(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? _____

While at work? _____ (Specify type of place) (c) Manner of injury _____

23. Signature **A. J. Campbell, M.D.**
Address **Sedalia, Mo.** Date signed **2/1/46**

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

1779

251

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-6-46

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 *Quane Ewing*

Licensed Embalmer No. *38470*

P. O. Address *Sedalia 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.