

No. 2
1-5-43
5-17-39
I X3667

State File No.

FILED MAR 12 1946

Registration District No. 268

Primary Registration District No. 5904

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hayward, (Busher Camp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home on R. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
62 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Hayward, Rural route 2
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George Henry Jackson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1946 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....
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 Married

6. (b) Name of husband or wife Anna R. Jackson 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 10 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 17 hr. min.

Immediate cause of death Probably Heart trouble as history gives By Family High Blood Pressure.
Due to.....
Due to.....

9. Birthplace Johnsonville, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business X

12. Name William E. Jackson

13. Birthplace Johnsonville, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mr. J. C. Jackson

(b) Address Texarkana, Texas

17. (a) Removal (b) Date thereof 2/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Cem.

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 2-27-46 (b) Mrs. D. A. Thomas
(Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations.....

Of autopsy.....

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 Jack Kelley Coroner (or D. or other)
Address Hayth. Mo Date signed 2-27-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5598

276

2-46-49

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

Free Ford, Registered Apprentice No. 386
working under my personal supervision.

Signed

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Lawtonville, 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.