S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 30133

Registration District No. 144 Primary Registration District No. 55363 Registrar's No. 163

**1. PLACE OF DEATH:**

(a) County Iron

(b) City or town Glover
(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
In this community life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Iron 47

(c) City or town Glover 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)

If yes, name country

3. (a) PRINT FULL NAME Mitchel Jackson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex 0 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 August (Month) 20 (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Glover Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Vincent Jackson 0
13. Birthplace Annapolis Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mae Wilson 0
15. Birthplace Bunker Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Vincent Jackson
(b) Address Glover Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation Chloride Missouri

18. (a) Signature of funeral director Norman White & Sons
(b) Address G. J. White Ironton Missouri

19. (a) 9-9-46 (Date received local registrar) (b) Mrs Avis Jones (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 29
year 1946 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from
1 , 19 , to , 19 ;
that I last saw him alive on Aug 22 , 1946
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Premature | |
| Due to Birth | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

159

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 0

23. Signature C. M. Fitzpatrick (M. D. or other)
Address Lesterville, Mo Date signed 8/22/46

128 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2603

Date Filed 9-16-46

## 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 Was not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Swilton Ave.

**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.**