No. 2
M—2-43
5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35771

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 174

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 580 W Washington 1
(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)

In this community 47 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 17

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")

(d) Street No. 580 W Washington 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BEULAH MASON JACKSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 1

5. Color or race W

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

6. (b) Name of husband or wife Thomas Wood Jackson

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

7. Birth date of deceased Dec (Month) 2 (Day) 1870 (Year)

8. AGE: Years 75 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Howard Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nathaniel Sims
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Martha Childers
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. Nellie Skinner
(b) Address Marshall Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sappington cemetery Saline Co. Mo.

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 10-15-46 (Date received local registrar) (b) Mrs. L. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1946 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 13, 1946, to Oct 13, 1946; that I last saw he alive on Oct 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerotic Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations NO	
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 0

23. Signature James A Reed M.D. (M. D. or other)

Address Marshall Mo Date signed Oct 15-46

244 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-26-46

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall, 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.