S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40161

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Pacific (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 3 yrs. 9 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo- (b) County Franklin

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

(d) Street No. 17-W. Belview (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Lizzie Jackson

3. (b) If veteran, name war ✓

3. (c) Social Security No. nill

4. Sex Female 3

5. Color or race negro

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

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased 3- (Month) 17 (Day) 1864 (Year)

8. AGE: Years 82 Months 8 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) mo- (State or foreign country)

10. Usual occupation nill

11. Industry or business r.

FATHER
12. Name unknown
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Estella Thomas

(b) Address pacific mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14-46 (Month) (Day) (Year)

(c) Place: burial or cremation pacific mo.

18. (a) Signature of funeral director J. C. Lewis

(b) Address 22 Euclid Webster Grove

19. (a) Dec. 12 '46 (Date received local registrar) (b) Mary B Gross (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 10 year 1946 hour 2 minute 50 p.M.

21. I hereby certify that I attended the deceased from Oct. 6, 1946, to Dec 11, 1946 that I last saw her alive on Dec 11, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Ascended urinary infection	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

136B

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 C. S. Puffer M. D. (M. D. or other)

Address Pacific, Mo. Date signed Dec 12 '46

9K

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 1-3-42
Date Filed
FEB 25 1943

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 J. P. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.