

FILED DEC 24 1946 7

Registration District No. \_\_\_\_\_

Primary Registration District No. 0900

Registrar's No. 168

**1. PLACE OF DEATH:**

(a) County Penicott

(b) City or town Rural Crookedoocis  
(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 7 yrs  
years, months or days

**3. (a) PRINT FULL NAME** Cleavel JACKSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 2. Color of race Col

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

6. (b) Name of husband or wife Hertrude Jackson

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased 9 (Month) 4 (Day) 1910 (Year)

**8. AGE:** Years 36 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Custom Farm

12. Name Robert Jackson

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

14. Maiden name Katherine Anderson

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

16. (a) Informant Wm. Kelly Banks

(b) Address Hayti Mo

17. (a) buried (b) Date thereof 12-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director W. D. Smith

(b) Address Hayti - Tenn

19. (a) 12-10-46 (b) W. Kelly  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Penicott

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

(d) Street No. 3 miles west of Hayti - Mo.  
(If apart, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 13  
year 1946 hour 7 minute 30 P. M.

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

Immediate cause of death Burned to death in Family home

Due to home burning

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 18/15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Dec. 13, 1946

(c) Where did injury occur? Penicott Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? no (Specify type of place) (e) Means of injury Coroner

23. Signature Wm. Kelly (M.D. or other) Coroner

Address Hayti Mo. Date signed 12/14/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12-46-265

FEB 3 1947

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**