

FILED MAR 12 1947

State File No. ....

Registration District No. 273

Primary Registration District No. 6816

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Silver Creek Twp.  
(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 years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Stonewall Jackson

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

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

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased October 3 1875  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Edward Jackson

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

14. Maiden name Delpha Jane Collins

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

16. (a) Informant Mr. John B. Bagby

(b) Address Mt. Airy, Missouri

17. (a) burial (b) Date thereof 3/4/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Cemetery

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 3/8/1947 (b) Ind. D. A. Bernhart  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Silver Creek Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 20 1947, to March 2 1947  
that I last saw him alive on March 2 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of Liver  
E. Jaundice & ascites

Due to D.K.

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

Other conditions Chronic hypochondria  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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 DW Dreger (M. D. or other) MD  
Address Huntsville Mo Date signed 3/7/47

Duration 10 yrs

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-390  
Date Filed MAR-1-1947

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 Tom B Patton  
Licensed Embalmer No. 3914  
P. O. Address Huntsville Ind

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.