

FILED APR 10 1947

Registration District No. 172

Primary Registration District No. 30334

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginville
(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 _____
years, months or days

3. (a) PRINT FULL NAME Ossie Lee Jackson

3. (b) If veteran, name war World War 1
3. (c) Social Security No. 499-09-0596

4. Sex male 2
5. Color or race colored
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Corene Jackson
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 9 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 1
If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Henry Jackson
13. Birthplace Dover, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sally Reeves
15. Birthplace Dover, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Corene Jackson
(b) Address Higginville, Mo.

17. (a) Burial (b) Date thereof Mar. 13, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hig. Brandt Cemetery

18. (a), Signature of funeral director _____
(b) Address Higginville, Mo.

19. (a) March 15 '47 (b) Clayton H. Landrum
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Higginville 2
(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 Mar day 10
year 1947 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Dec, 1944, to Mar 10, 1947
that I last saw him alive on Mar 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic valvular disease of aorta
Chronic nephritis

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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?

While at work _____ (Specify type of place)
(a) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Higginville, Mo. Date signed 11/1/47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-8-47.....

APR 10 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 Robert A. Reekhoff.....

Licensed Embalmer No. 42848.....

P. O. Address Leignerville, Md......

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.