

S. No. 2
100M-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13038**
Registrar's No. **16**

FILED MAY 8/0 1947

Registration District No. _____

Primary Registration District No. **5418**

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

1. PLACE OF DEATH:

(a) County **Dunklin.**

(b) City or town **Rural Cotton Hill**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 Miles North Malden /
(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 **2 Years.**

3. (a) PRINT FULL NAME **Lucy Jackson**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **W. 21**

6. (b) Name of husband or wife **Deceased**

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

7. Birth date of deceased **Feb. 28 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	1	27	_____hr. _____min.

9. Birthplace **Unknown Tenn. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Housewife**

11. Industry or business **Above**

MOTHER FATHER

12. Name **Ab Cox**

13. Birthplace **Unknown Tenn. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Elmora Foster**

15. Birthplace **Unknown Tenn. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Moton**

(b) Address **Malden, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **4/30/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Clarkton Stanfield**

18. (a) Signature of funeral director **Day Funeral Home**

(b) Address **Malden, Mo.**

19. (a) **4/30/47** (Date received local registrar)

(b) **J. B. Schuman** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin** **9.5**

(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **6 Miles North East Malden** **0**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27** th.
year **1947** hour **6:00** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Probably Coronary thrombosis**

Due to **Heart attack**

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)

(e) Means of injury _____

23. Signature **Walter J. Huchler** (M. D. or other)

Address **Permitt ave** Date signed **4-27-47**

RECEIVED

District Health Office N. =

District File Number 542-693

Date Filed 5-7-47

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. D. Schuman

Licensed Embalmer No. 4086

P. O. Address. Malden

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.