S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 13 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18972

Registration District No. 310 | Primary Registration District No. 1003 | Registrar's No. 5375

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 4223 a W Aldine
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dora Jackson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 27 (Day) 1866. (Year)

8. AGE: Years 81 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace Canton (City, town, or county) Miss (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Jeff Harper
13. Birthplace (City, town, or county) Miss (State or foreign country)
14. Maiden name Bettie Douglas
15. Birthplace (City, town, or county) Miss (State or foreign country)
16. (a) Informant Ella Brown
(b) Address 4223 34 Aldine
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Ill.
18. (a) Signature of funeral director Wright Funeral Home
Address 3100 Easton Ave.
19. (a) MAY 31 1947 (Date received local Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1947 hour 1 minute 25 P M.
21. I hereby certify that I attended the deceased from 5-21, 1947, to 5-28, 1947; that I last saw her alive on May 28, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Intestinal Obstruction Occlusion of Intestines	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: No	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Edw. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 5/29/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.