S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

Registration District No. 324

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19824

Primary Registration District No. 6093

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Rural Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. F. D. # 4.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Lifetime (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. Rural Route 4.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Oliver Fritz Jackson

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

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

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Mrs. Mayme Jackson

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Oct. (Month) 20 (Day) 1886 (Year)

8. AGE: Years 60 Months 6 18 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Saline Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer & Preacher

11. Industry or business Farming & Ministering

FATHER
12. Name Anthony Jackson
13. Birthplace Arrow Rock (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mildred Slaughter
15. Birthplace Saline Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayme Jackson
(b) Address R.R.4. Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall, Mo.

18. (a) Signature of funeral director Green & Sons
(b) Address Marshall, Mo.

19. (a) May 14, 1947 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 # 47 year 3 hour 30 minute p M.

21. I hereby certify that I attended the deceased from May 2, 1947 to May 8, 1947; that I last saw him alive on May 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis — Duration 2 yrs

Due to

Due to Hypertension — 7 yrs

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Marshall Date signed 5/10/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-29-47

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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall, Mo

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.