

No. 2
1-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23547**

FILED JUL 17 1947

Registration District No. **17**

Primary Registration District No. **2008**

Registrar's No. **243**

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Callaway County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Weeks** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Callaway**
(c) City or town **Fulton**
(If outside city or town limits, write "RURAL")
(d) Street No. **306 N 9th** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Jackson**
(b) If veteran, name war _____ (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **5** year **1947** hour **7** minute **10 A** M.
21. I hereby certify that I attended the deceased from **Sept. 30**, 1946 to **July 5**, 1947 that I last saw him alive on **July 4**, 1947, and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro**
6. (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased **Mar. 18 - 1860** (Month) (Day) (Year)

Immediate cause of death **General Senility**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **99**

8. AGE: Years **87** Months **3** Days **17** If less than one day _____ hr. _____ min.

PHYSICIAN
Major findings: **Endarteritis Obliterans**
Of operations: **Amputation of Right leg - gangrene**
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Missouri** (City, town or county) (State or foreign country)
10. Usual occupation **Retired Laborer**

11. Industry or business _____
12. Name **D.K.**
13. Birthplace **D.K.** (City, town or county) (State or foreign country)
14. Maiden name **Dabney Jackson**
15. Birthplace **Missouri** (City, town or county) (State or foreign country)

16. (a) Informant **Olie Jackson**
(b) Address **306 N 9th Fulton, Mo.**
17. (a) **Burial** (b) Date of death **July 8 - 47**
burial site Central Co. Fulton, Mo.

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 **2**

18. (a) Signature of funeral director **Eli Bell**
(b) Address **Fulton, Mo.**
19. (a) **July 8 - 1947** (b) **Joan Masnickoff** (Registrar's signature) **2078**
(Data received local registrar)

23. Signature **Lloyd E. Hetchine** (M. D. or other) **D.O.**
Address **Fulton, Mo.** Date signed **7/8/1947**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-16-42

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 Eli Bell
Licensed Embalmer No. 2130
P. O. Address Fulton, 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.