S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25059

State File No.

FILED AUG 4 1947

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Waynesville General 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether
In this community 4 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Marjorie Fay Jackson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race w

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov (Month) 13 (Day) 1940 (Year)

8. AGE: Years 6 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Success (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation —

11. Industry or business

FATHER
12. Name Charley Jackson 0
13. Birthplace Hazelton (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Ester Lawson
15. Birthplace Success (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Charley Jackson
(b) Address Success Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Craddock Cem

18. (a) Signature of funeral director Smith & Ferguson
(b) Address Licking Mo.

19. (a) 7/28/1947 (Date received local registrar) (b) Thelma C. Buckthorpe (Registrar's signature) 3079

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1947 hour 1 minute 40 A M.

21. I hereby certify that I attended the deceased from 7-22, 1947, to 7-23, 1947
that I last saw h. W alive on 7/23, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to Nephritis	
Due to ?	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
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 0

23. Signature Wm. R. Lytle (M. D. ~~or other~~)
Address Waynesville Mo Date signed 7/23/47

(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 Eubert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Lucknup Ms

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.