No. 2
—1/47
5-17-39

8

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 17 1947
Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 8046

State File No. 31869
Registrar's No. 56

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 Hr & 45 Min (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City Mo 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1801 East High St 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Dennis Ray Jackson
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex 0
5. Color or race white
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 Aug (Month) 25 (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day 37 hr. 45 min.

9. Birthplace California Mo (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business ✓
FATHER
12. Name Roger Jackson
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margrett Melton
15. Birthplace Ill 1 (City, town, or county) (State or foreign country)
16. (a) Informant Roger C. Jackson
(b) Address 1801 E. High St. Jefferson City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 27. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemt, California
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo
19. (a) 8-29- (Date received local registrar) (b) 47 H.R. Popeyey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1947 hour 12/55 minute A.M.
21. I hereby certify that I attended the deceased from Aug 26, 1947, to Aug 27, 1947
that I last saw him alive on Aug 27, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Patent foreamen ovale Congenital	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

157E

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 0
23. Signature Kenyon Latham (M. D. ~~or other~~)
Address California, Mo. Date signed 8-27-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 11 1947

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.