G. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34314

FILED OCT 07 1947

Registration District No. 03 ... Primary Registration District No. 3024 Registrar's No. 57

45

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs (Specify whether
In this community 34 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Fayette (If outside city or town limits, write "RURAL") 1
(d) Street No. — New Addition (If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HARRY JACKMAN
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Jackman
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased 6-8-1913 (Month) (Day) (Year)

8. AGE: Years 34 Months 3 Days 20 If less than one day ... hr. ... min.

9. Birthplace Howard Co. Mo. O (City, town, or county) (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business
FATHER
12. Name Augustus Jackman O
13. Birthplace Howard Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ada Miller
15. Birthplace Howard Co. Mo O (City, town, or county) (State or foreign country)
16. (a) Informant Fannie E. Jackman
(b) Address Fayette Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette Mo.
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Mo.
19. (a) 10-4-47 (Date received local registrar) (b) Dorothy Jen Sober 123 (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1947 hour 7 minute 25 P M.
21. I hereby certify that I attended the deceased from Sept 28, 1947, to Sept 28, 1947; that I last saw him alive on Sept 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral concussion compound fracture	3 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

S.H.P. Coll. With Fixed Object

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) Accident Car 45
(b) Date of occurrence 8-28-47
(c) Where did injury occur? (City or town) Howard (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 240 N (Specify type of place)
While at work? No (e) Means of injury above
23. Signature M. Geech (M. D. or other) MD
Address Fayette, Mo Date signed 9-28-47

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

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 10-16-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ will be embalmed by me, ~~or by~~.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.