

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED OCT 28 1947

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
465 N. Stanton 1.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

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

(d) Street No. 460 N. Stanton
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Myrtle Izore Jackson

3. (b) If veteran, name war none

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1947 hour 2:30 minute A. M.

4. Sex Female 5. Color or race Wyo.

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

6. (b) Name of husband or wife Phillip Jackson

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased July 22 1951
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 15 July 1947, to 2 Oct 1947
that I last saw her alive on 2 Oct 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 2 Days 14 If less than one day
hr. min.

Immediate cause of death Pulmonary Tuberculosis, bilateral

Due to.....

Due to.....

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

10. Usual occupation Housewife

Other conditions 13 B
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

11. Industry or business

12. Name John Ford

13. Birthplace Richmond Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Myranda

15. Birthplace Richmond Mo.
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Mrs. Bertha Marshall

(b) Address Richmond Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 10/8/47
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery, Richmond

18. (a) Signature of funeral director Thos. E. J. Marshall

(b) Address Richmond Mo.

19. (a) Oct 15 - 1947 (b) Myrtle Jackson
(Data received local registrar) (Registrar's signature)

23. Signature J. L. Corbett M.D.
(Specify type of place) (c) Means of injury

Address Richmond, Mo. Date signed 9 Oct 47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-25-47

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.....

Licensed Embalmer No. 4866

P. O. Address Richard W.

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.