. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1947

Registration District No. 53

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr Herbert

State File No. 37328

Primary Registration District No. 3010

Registrar's No. 355

1. PLACE OF DEATH:

(a) County Lape Girardeau Co.

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 HR. 0 (Specify whether
In this community all Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

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

(d) Street No. Parma R#2 0
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Gary Lee Jackson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased June (Month) 9 (Day) 1947 (Year)

8. AGE: Years | Months 4 | Days 25 | If less than one day ___ hr. ___ min.

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

10. Usual occupation — Infant

11. Industry or business —

FATHER
12. Name Franklin Eugene Jackson
13. Birthplace Advance (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mildred Wills
15. Birthplace Qulin (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Franklin Eugene Jackson
(b) Address Parma, Mo. R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie Cemetery

18. (a) Signature of funeral director Robert E. Drum
(b) Address Bernie Mo.

19. (a) 11-20-47 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1947 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from 5 min from 11/3, 1947 to 11/3, 1947
that I last saw him alive on 11/3, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intussusception	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

12 B

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 Chas. E. Herbert (M. D. or other)
Address Cape Girardeau, Mo. Date signed 11/12/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1147-1469

Date Filed 2-4-42

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 Body not embalmed, Registered Apprentice No., working under my personal supervision.

Signed Robert E. L. [illegible]
Funeral Director

Licensed Embalmer No.

P. O. Address Bernie 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.