No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

461

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: 2200 S. Spring St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ~~Scott~~ Mississippi 67

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

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

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

If yes, name country ✓

3. (a) PRINT FULL NAME Carrie Inhabit Jackson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband ~~or wife~~ William Jackson

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

7. Birth date of deceased April (Month) 25 (Day) 1863 (Year)

8. AGE: Years 84 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Mississippi Co. (City, town, or county) Mo (State or foreign country) 6

10. Usual occupation House Keeper

11. Industry or business ✓

FATHER
12. Name Richard Mahan 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Husk
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant William E Jackson

(b) Address Olive Branche Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Charleston Mo

18. (a) Signature of funeral director Bisplinghoff Funeral Home

(b) Address Illmo, Mo

19. (a) 1-12-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 11 year 48 6 hour 25 minute P M.

21. I hereby certify that I attended the deceased from 6/8, 1948 to 1/11, 1948 that I last saw her alive on 1/11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 P

23. Signature [signature] (M. D. or other)

Address Cape Girardeau Mo Date signed 1/12/48

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4

File Number 148-83

Date 1-19-48

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 Ollie C. Amick, Registered Apprentice No. 455, working under my personal supervision.

Signed Minnie Bergling Koff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.