FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 535

Registration District No. 4 Copy Primary Registration District No. 5265 Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Sparta Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Christian
(c) City or town: Sparta Mo. Rural
(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: Irene Jackson
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 29 (Day) 1923 (Year)

8. AGE: Years 24 Months 10 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace: Taney County (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Home Keeper
11. Industry or business .....

FATHER
12. Name: Isaac Jackson
13. Birthplace: Taney County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Nellie Patterson
15. Birthplace: Carroll County (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Nellie Jackson
(b) Address: Sparta Mo. Rural
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 18 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunhour Cemetery
18. (a) Signature of funeral director: T. B. Chaffin
(b) Address: Ozark Mo.
19. (a) Feb 2 48 (Date received by local registrar) (b) Lillie 1948 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th year 1948 hour 10 minute 10 8 M.
21. I hereby certify that I attended the deceased from Oct. - 10 - 1947, to Jan - 15 - 1948, that I last saw he alive on Dec 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Hemorrhage	
Due to Pulmonary Tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 .....

23. Signature Warren W. Wilson (M. D. or other)
Address Sparta, Mo. Date signed Jan-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 248-192
Date Filed FEB 4 1948

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.