S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1678

FILED FEB 16 1948

Registration District No. 1884 Primary Registration District No. 3038 Registrar's No. 8

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 324 S. State St. 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 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 324 S. State St 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Malinda Jackson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 3

5. Color or race Negro

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

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

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

7. Birth date of deceased August 19, 1855 (Month) (Day) (Year)

8. AGE: Years 92 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Maupin 0
13. Birthplace Chariton Co., Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary - -
15. Birthplace Chariton Co., Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roscoe Wilson
(b) Address Brookfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Keytesville, Mo.

18. (a) Signature of funeral director Harold B. Wright
(b) Address Brookfield, Mo.

19. (a) 2-6-48 (Date received local registrar) (b) Walter B. Crum (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1948 hour 4 minute 15 p M.

21. I hereby certify that I attended the deceased from Jan 15, 1945, to Feb 1, 1948, that I last saw him alive on Feb. 1, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	—
Due to Acute Bronchitis	5 dy,
Due to Pneumonia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

06 P

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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature R. M. Haley (M. D. or other) MD
Address Brookfield Mo. Date signed 2-4-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....Harold B. Wright.....

Licensed Embalmer No.....3718.....

P. O. Address.....Brookfield, 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.