No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1948

Registration District No. 3981

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3706

Primary Registration District No. 4515

Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Milan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(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 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Sullivan 105
(c) City or town Milan
(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 Lon Jackson
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Minnie A McKinney
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased 4 (Month) 19 (Day) 1880 (Year)
8. AGE: Years 67 Months 8 Days 21 If less than one day hr. min.
9. Birthplace Milan (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Postmaster
11. Industry or business
FATHER
12. Name David Jackson
13. Birthplace (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name Haney Hannah
15. Birthplace Milan (City, town, or county) Mo (State or foreign country)
16. (a) Informant Claud Jackson
(b) Address Milan, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem. - Milan
18. (a) Signature of funeral director Schaeme
(b) Address Milan Mo.
19. (a) Feb. 2 - 1948 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10 year 1948 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 10, 1948, to Jan. 10, 1948, that I last saw h.e. alive on Jan. 10, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Skull fracture struck by automobile	1-10-48
Due to: walking on highway	
Due to:	
Other conditions (Includes pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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) accident 105
(b) Date of occurrence 1-10-48
(c) Where did injury occur? Milan (City or town) Sullivan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo. Highway 5 & 6 (Specify type of place)
While at work? (e) Means of injury Automobile
23. Signature [illegible] (M. D. or other) 108
Address Milan Date signed 1-12-48

(Licensed Embalmer's Statement on Reverse Side)

MAR 18 1948

RECEIVED
District Health Officer No. 10
District File Number 2-48-217
FEB -9 1948
Date Filed

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.....Dwight Schaeme

Licensed Embalmer No.....2667

P. O. Address.....Milan, 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.