

FILED FEB 17 1948

Registration District No. **38**

Primary Registration District No. **3006**

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

1. PLACE OF DEATH:
(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **101 So. 3rd St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 1/2 yrs. 1 mo. 13 da.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **CLEO JACKSON**
3. (b) If veteran, **—** 3. (c) Social Security No. **—**
name war **—**

4. Sex **Female** 5. Color or race **negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Manuel Jackson** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **12-22-1906**
(Month) (Day) (Year)

8. AGE: Years **41** Months **1** Days **13**
If less than one day hr. min.

9. Birthplace **Columbia Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business
12. Name **Samuel Campbell**
13. Birthplace **Boone Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sara Campbell**
15. Birthplace **Boone Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Manuel Jackson**
(b) Address **Columbia Mo.**

17. (a) **Burial** (b) Date thereof **2-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Labrang Cemetery**

18. (a) Signature of funeral director **Stuart O. Parker**
(b) Address **Columbia Missouri**

19. (a) **2-7-48** (b) **Mrs. P. E. Palmer**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Emballer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. **101 So. 3rd St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **5**
year **1948** hour **12** minute **40 P.** M.
21. I hereby certify that I attended the deceased from **Jan. 10**
1948 to **Feb. 5** **1948**
that I last saw her alive on **Feb. 5** **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary embolus 10 min.**
Due to **thrombosis of hypo-gastric vein lobe**
Due to **Pulve inflammation**

Other conditions **139A**
(Include pregnancy within 3 months of death)

Major findings: **Intracranial abscess multiple**
Of autops: **Pulmonary embolus**
PHYSICIAN **—**
Underline the cause of which death should be charged statistically.

22. If death was due to external cause, 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? _____ (Specify means of injury)

23. Signature **James M. Baker** M.D. or other **M.D.**
Address **Columbia Mo.** Date signed **Feb. 1948**

Date Filed FEB 13 1948
District File Number

District Health Officer No. 9,
RECEIVED

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

Lucas P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Md.

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.