. S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4101

FILED MAR 1 1948

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 62

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon Hosp
(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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No.: 732 Garfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Addie Jackson
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Fem. 3
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Unknown
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: About 1897 (Month) (Day) (Year)
8. AGE: Years: About 51 Months: Days: If less than one day ..... hr. ..... min.
9. Birthplace: Unknown (City, town, or county) (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
MOTHER FATHER
12. Name: Unknown
13. Birthplace: " (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: " (City, town, or county) (State or foreign country)
16. (a) Informant: Ruth Whitmore
(b) Address: Newport, Ark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: City - Poplar Bluff, Mo
18. (a) Signature of funeral director: Frank Cotrell
(b) Address: Poplar Bluff, Mo
19. (a) 2-18-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 11 year: 1948 hour: 6:00 minute: A.M.
21. I hereby certify that I attended the deceased from December 15, 1947 to February 11, 1948; that I last saw her alive on 2-11-48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malnutrition Severe	
Due to: Carcinoma of Sigmoid Colon	?
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: K. P. Currie M.D. (M. D. or other)
Address: Poplar Bluff Mo Date signed: 2-12-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 248-263
Date Filed 2-25-48

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 John M. Davies, Registered Apprentice No. 487, working under my personal supervision.

Signed Scott A. Cockrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.