

FILED MAR 8 1948  
Registration District No. 2774

Primary Registration District No. 4549

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Worth  
(b) City or town Allendale  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life \_\_\_\_\_ (Specify whether)  
years, months or days)

3. (a) PRINT FULL NAME Lester Jackson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mrs. Minnie Jackson 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased November 1 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 3 13 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace JOHN J. JACKSON Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Jackson

13. Birthplace Allendale Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ewing

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Jackson

(b) Address Allendale, Mo.

17. (a) Burial (b) Date thereof 2-16-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lotts Grove Cemetery

18. (a) Signature of funeral director J. C. Dunfee

(b) Address Grant City, Missouri

19. (a) 2-28-1948 (b) Leta E. Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113  
(c) City or town Allendale  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14  
year 1948 hour 5 minute 45 AM

21. I hereby certify that I attended the deceased from 2-2 to 2-14 1948  
that I last saw him alive on 2-13 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Mental degeneration of heart Duration 10 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis 10 yrs.  
(Include pregnancy within 3 months of death)

Major findings: Of operations no 10 yrs.  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury no

23. Signature J. C. Dunfee (M.D. or other) \_\_\_\_\_

Address Grant City, Mo. Date signed 2-15-48

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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.....

*Arch C. Dumble*

Licensed Embalmer No..... 3252

P. O. Address..... *Grant City, 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.