No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 2 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11195

Registration District No. 323 Primary Registration District No. 4476 Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Downing
(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 all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Schuyler 98
(c) City or town Downing Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Noah Wm. Jackson
3. (b) If veteran, name war ✓ 3. (c) Social Security No. —
4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Clara Jackson 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Aug (Month) 20 (Day) 1888 (Year)

8. AGE: Years 59 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Schuyler Co. Near Downing (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
FATHER
12. Name Wm. Jackson
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Orr
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Clara Jackson
(b) Address Downing Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Coffey
18. (a) Signature of funeral director Lloyd Moore
(b) Address Downing Mo.
19. (a) 3-25-48 (Date received local registrar) (b) Mrs. A. J. Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from January 3rd, 1948, to March 20th, 1948; that I last saw him alive on March 19th, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Lungs	2 months
Due to Carcinoma of Liver	6 months
Due to Carcinoma of Colon	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy 46	

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)
(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 R. L. Strickland (M. D. or other) DO
Address Queen City, Mo. Date signed 3/23/48

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1948

RECEIVED
District Health Officer No. 10
District File Number 3-48-582
MAR 31 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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Loyd Moore

Licensed Embalmer No. 3157

P. O. Address Downing Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.