. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 28 1948

Registration District No. 178

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~4264~~ 3033

State File No. 13192

Registrar's No. 48

1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lebanon, Mo. Star Route
(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: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Laclede 53
(c) City or town: Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Laura Anne Jackson
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: William O. Jackson
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 28 (Day) 1864 (Year)

8. AGE: Years 83 Months 10 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace: Laclede Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: E. P. Cook
13. Birthplace: Montgomery Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Mallie Mapy
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. G. C. Jones
(b) Address: Lebanon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Lawn, Richland Mo.
18. (a) Signature of funeral director: W. E. Holman
(b) Address: Lebanon Mo.
19. (a) 4-21-48 (Date received local registrar) (b) Pressie B. Lynch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1948 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 4-17-48, 19..., to 4-14-48, 19..., that I last saw her alive on 4-14-48, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	
Cardiac decompensation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: 0

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: O. J. Bohm (M. D. or other) D.O.
Address: LEBANON Date signed 4-19-48

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

Received 4/27/48
Laclede County Health Unit
File No. 4-48-55
Date Filed 4/27/48

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed W. E. Holman

Licensed Embalmer No. 4107

P. O. Address Lebanon 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.