

No. 2
12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13486

State File No. _____

FILED APR 22 1948

Registration District No. 237

Primary Registration District No. 5820

Registrar's No. 4

1. PLACE OF DEATH:

(a) County NEW MADRID

(b) City or town TALLAPOOSA - And - Twp.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEW MADRID

(c) City or town ROUTE 1
(If outside city or town limits, write "RURAL")

(d) Street No. LILLBOURN
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CYNTHA EVELINE JACKSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22
year 1948 hour 6:00 minute 5 a. M.

21. I hereby certify that I attended the deceased from Mar 12
1948, to Mar 22 1948

that I last saw her alive on Mar 19 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LON

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased AUGUST 11 1888
(Month) (Day) (Year)

Immediate cause of death acute nephritis Duration 2 wks

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

59 7 11 hr. _____ min.

Other conditions Diabetes (Sugar) amount 3 yrs
(Include pregnancy within 3 months of death)

9. Birthplace PT. PLEASANT MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name ACE FORD

13. Birthplace HAYWOOD MO
(City, town, or county) (State or foreign country)

14. Maiden name MARY DUNN

15. Birthplace PEMELISSOTT CO., MO
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Jackson

(b) Address 21765 Spring Hill, Pomona, Mich. Rt #3

17. (a) BURIAL (b) Date thereof 3-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUND CEM. MARSTON, MO.

18. (a) Signature of funeral director Ed. Selig

(b) Address Black's Mortuary, Canton, Ark.

19. (a) Mar 29 1948 (b) Mo. Byron
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy U

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? _____ (c) Means of injury _____

23. Signature E. E. Jones (M. D. or _____)

Address Lillbourn, Mo Date signed 3-23-48

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

Case No. 448-510

Date filed 4-19-48

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 Romon S Selig Jr

Licensed Embalmer No. 1562

P. O. Address Comins, Ark.

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.