

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1948
Registration District No. **140**

Primary Registration District No. **3027**

Registrar's No. **35**

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

1. PLACE OF DEATH:

(a) County **Howard**

(b) City or town **Fayette, Mo.**
(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) **Lee Hospital**

(d) Length of stay: In hospital or institution **3 hrs.**
(Specify whether years, months or days)

In this community **3 hrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Howard** **45**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **R. F. D. - -**
(If rural, give location) **0**

(e) Citizen of foreign country? **---** (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **Shirley Jackman**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**
year **1948** hour **12:05** minute **P** M.

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **May 31 1948**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 31 1948** to **May 31 1948**

that I last saw her alive on **May 31 1948** and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years Months Days If less than one day **3 hr. min.**

Due to **Prematurity (6 1/2 mo.)**

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace **Howard County Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations **---**

Of autopsy **---**

Underline the cause of which death should be charged statistically.

10. Usual occupation **---**

11. Industry or business **---**

12. Name **Lenze L. Jackman**

13. Birthplace **Howard County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nannie May McKee**

15. Birthplace **Howard County Missouri**
(City, town, or county) (State or foreign country)

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? **Co.**
(Specify type of place)

16. (a) Informant **Lenze Jackman**

(b) Address **Rocheport Mo.**

17. (a) **Burial** (b) Date thereof **5/31/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hilldale Cem. How.**

23. Signature **[Signature]** (M. D. or other) **MD**

Address **Fayette Mo** Date signed _____

18. (a) Signature of funeral director **Ralph A. Carr**

(b) Address **Fayette, Mo.**

19. (a) **6-5-1948** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

6-10-48

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 _____

Not

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Ralph A. Case

Licensed Embalmer No. *3340*

P. O. Address *Jayette 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.