

S. No. 2
M-5-43
5-17-39
I X36672

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16143**

FILED MAY 26 1948

Registration District No. **140**

Primary Registration District No. **3024**

Registrar's No. **34**

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: **Lee Hospital Fayette Mo.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **One Week**
(Specify whether years, months or days)
In this community **75yrs 2mo Ioda**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard** **45**
(c) City or town **Burton Mo.** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **0**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 7 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 10 hr. min.

9. Birthplace **Howard Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Jackson.**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Margarett Holtzclaw.**
15. Birthplace **Howard Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs John Jackson**

(b) Address **Burton Mo.**

17. (a) **Burial** (b) Date thereof **May 19 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Log Chapel.**

18. (a) Signature of funeral director **Joe W. Burton**

(b) Address **Higbee Mo**

19. (a) **5-22-1948** (b) **Dorothy Ben Baker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**
year **1948** hour **5** minute **15** a. m.

21. I hereby certify that I attended the deceased from **May 5**
19**48**, to **May 17**, 19**48**.
that I last saw him alive on **May 16**, 19**48**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Left pneumothorax - Spont.** Duration **2 mos.**

Due to ?
Due to ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **Dr. J. Shaw** (M. D. or other) **MD**
Address **Fayette, Mo.** Date signed **5-20-48**

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

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 5-25-48

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 E. W. Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.