S. No. 2
—12-45
5-17-39
K47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17134

Primary Registration District No. 3052

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 3 days (Specify whether)

In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1207 W 5th St. 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret M. 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 Married

6. (b) Name of husband or wife W. L. Jackson

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased July (Month) 29 (Day) 1882 (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 4

year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1, 1948 to May 4, 1948 that I last saw h[illegible] alive on May 3 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	3da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations EKG

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

8. AGE: Years	65
Months	9
Days	5
If less than one day: hr. min.	

9. Birthplace State of Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Wm Montgomery

13. Birthplace State of Scotland (City, town, or county) (State or foreign country)

14. Maiden name Mary Griffen

15. Birthplace Scotland (City, town, or county) (State or foreign country)

16. (a) Informant W. L. Jackson

(b) Address 1207 W 5 Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Mo.

18. (a) Signature of funeral director [illegible]

(b) Address Smithton Mo

19. (a) 5-6-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

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 O

23. Signature A. L. Walter (M. D. or other) M.D.

Address Sedalia Mo Date signed 5-5-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8

District File Number _____

Date Filed 5-19-48

JAN 26 1959

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 A. F. Hemmyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.