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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 11 1948

Registration District No. 8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 22640

Registrar's No. 166

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 Days (Specify whether years, months or days)
In this community: All of life

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

3. (a) PRINT FULL NAME: Henry F. Jackson.
3. (b) If veteran, name war: ---
3. (c) Social Security No.: ---
4. Sex: Male
5. Color or race: Black
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: December (Month) 26 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
74	7	1	hr. min.

9. Birthplace: Cooper County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: On farm

FATHER
12. Name: Unknown.
13. Birthplace: " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Jackson.
15. Birthplace: Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant: George Jackson.
(b) Address: Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 30th/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Boonville City Cemetery
18. (a) Signature of funeral director: Goodman & Boller.
(b) Address: Boonville, Mo.
19. (a) 7-28-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1948 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from 1940, 19..., to 27 July 1948, that I last saw him alive on 27 July 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	some hrs
Due to: Arteriosclerosis	?
Due to: —	
Other conditions (Include pregnancy within 3 months of death): Pyelitis & Cystitis	yrs?
Major findings: Of operations: none	
Of autopsy: Coronary Thrombosis	

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: Oriel Von Rosenwald (M. D. or other) M.D.
Address: 322 Main St. Boonville Mo. Date signed: 29 July 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number_____

Date Filed 8-10-48

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 William N. Wood Registered Apprentice No. 480 working under my personal supervision.

Signed G. F. Baller

Licensed Embalmer No. 3067

P. O. Address Boonville 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.