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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30516

Registration District No. 251 — Primary Registration District No. 3048 — Registrar's No. 238

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 912 South Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 912 South Walnut 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HAZEL CATHERINE JACKSON

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Jackson, Sr.
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May (Month) 19 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
62	4	4	hr. min.

9. Birthplace Maryville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name James Andy Ford
13. Birthplace Maryville, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ollie Maupin
15. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Joseph Jackson, Sr.
(b) Address Maryville Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Missouri
19. (a) 10-2-48 (Date received local registrar) (b) Bess Holt (Registrar's signature) 229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 1948 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from April, 1948, to Sept 23, 1948 that I last saw her alive on Sept 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon not known c metastases

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 4 lot

Major findings: Of operations Inoperable carcinoma of left colic flexure
Of autopsy

Duration

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

23. Signature Ja Blomer (M. D. ~~or other~~)
Address Maryville Mo Date signed Sept 29

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.