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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30594

Primary Registration District No. 3052

Registrar's No. 286

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: 417 E St. Louis St. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 417 E St Louis St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ANNIE JACKSON
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race Negro
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 Oct (Month) 2 (Day) 1948 (Year)
8. AGE: Years ..... Months ..... Days 1 If less than one day ..... hr. ..... min.
9. Birthplace Sedalia (City, town, or county) Mo (State or foreign country)
10. Usual occupation X
11. Industry or business X
FATHER 12. Name James Jackson
13. Birthplace Calloway Co (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Jessie Johnson
15. Birthplace St Louis Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant James Jackson
(b) Address 417 E St Louis St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 4 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo
18. (a) Signature of funeral director F. O. Ferguson
(b) Address Sedalia Mo
19. (a) 10-4-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3. year 1948 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from October 2 1948 to Oct 3 1948 that I last saw her alive on Oct 2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Birth Delivery	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature F. C. Swaney M.D. (M.D. or other)
Address Sedalia Mo Date signed Oct 5-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Filed 10-13-48

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.