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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

33236

State File No. _____

FILED NOV 12 1948

Registration District No. 1949

Primary Registration District No. 3028

Registrar's No. 249

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Park Cemetery 2
(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 5 years

3: (a) PRINT FULL NAME Earl Lewis JACKSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 7, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 6 22 hr. min.

9. Birthplace Vesta, Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name George W. Jackson

13. Birthplace Unknown Wis.
(City, town, or county) (State or foreign country)

14. Maiden name Minnie C. Otis

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

16. (a) Informant Mrs. Merrill Wakefield

(b) Address Rt # 4, Carthage

17. (a) Burial (b) Date thereof 10-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director. Ed. C. Ulmer

(b) Address 1208 S. Garrison

19. (a) 11/4/48 (b) D. A. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Rt # 4, Carthage
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 5 - 31, 1948, to 10-13-48, 1948; that I last saw him alive on 10-13-48, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Shot wound through head self-inflicted

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

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) suicide

(b) Date of occurrence 10-29-48

(c) Where did injury occur? Carthage Jasper
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Park Cemetery Carthage Mo
(Specify type of place)

While at work? _____ (e) Means of injury Shot wound

23. Signature W. T. McNew (M. D. or other) MD

Address Carthage, Mo Date signed 10-30-48

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: *John S. Denny*
Licensed Embalmer No. *4194*
P. O. Address *Carthage, 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.