

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39805

FILED JAN 3 1949

State File No. ....

BIRTH NO. .... REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 108

388

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

1. PLACE OF DEATH a. COUNTY <u>Henry Co Athens Miss</u>		12. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mississippi</u> b. COUNTY <u>Henry Miss</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany Miss</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>5 1/2 miles Albany 2 miles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs</u> b. (Middle) <u>Nellie</u> c. (Last) <u>JACKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 20 48</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-30-1895</u>	9. AGE (In years last birthday) <u>53</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u> IF UNDER 10 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Henry Co Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Geo. W. Egbert</u>	13b. MOTHER'S MAIDEN NAME <u>Marquinta Rachel Hood</u>	14. NAME OF HUSBAND OR WIFE <u>Horner Jackson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>Elmer Egbert Monroe City Miss</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  <u>46F</u>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 2 1/2 yrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>A</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Albany Miss</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 12 48</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>
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22. I hereby certify that I attended the deceased from any, 1946, to Dec 20, 1948, that I last saw the deceased alive on Dec 20, 1948, and that death occurred at 11 P. M., from the causes and on the date stated above. 9

23a. SIGNATURE (Degree or title) <u>C. J. Pray</u>	23b. ADDRESS <u>d.o Albany Miss</u>	23c. DATE SIGNED <u>12/21/48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 22-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hoff Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stonbury Henry Miss</u>
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DATE REC'D BY LOCAL REG. <u>Dec 23 48</u>	REGISTRAR'S SIGNATURE <u>Horner W. Webster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leroy F. Phillips Stonbury Miss</u>
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DEC 30 1948

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Henry J. Phillips

Signed .....  
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Starkbury Md

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.