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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42165**

Registration District No. **325**

Primary Registration District No. **4028**

Registrar's No. **43**

1. PLACE OF DEATH:

(a) County Schuyler

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 3 or more years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schuyler

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME LAVON LORENE JACKSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced 15 0

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

7. Birth date of deceased May 2 1928
(Month) (Day) (Year)

8. AGE: Years 20 Months 0 Days 29
If less than one day hr. _____ min. _____

9. Birthplace Schuyler, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Leonard Jackson

13. Birthplace Schuyler Mo. (City, town, or county) (State or foreign country)

14. Maiden name Elischlager

15. Birthplace Schuyler Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Leonard Jackson

(b) Address Lancaster Mo.

17. (a) Burial (b) Date thereof 12-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Downing mo.

18. (a) Signature of funeral director Loyd Moore

(b) Address 49 Downing mo.

19. (a) Dec. 16/48 (b) RE Vaughn
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 year 1948 hour 6 minute PM

21. I hereby certify that I attended the deceased from Jan 1948 to Dec 1 1948; that I last saw her alive on Nov 8 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Epileptic seizures several yrs.

Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature RE Vaughn (M. D. or other) D.O.

Address Lancaster, Mo Date signed 12/19/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 13

District File Number 12-48-2172

Date Filed DEC 21 1940

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3157

P. O. Address Downing gro

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.