No. 300
10.48

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FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7920

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5384 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Linn Twp. 3
c. LENGTH OF STAY (In this place): 2da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None Max Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3526 N. 14th St. (Rear)

3. NAME OF DECEASED (Type or Print)
a. (First): Russell
b. (Middle):
c. (Last): Jackson

4. DATE OF DEATH (Month) (Day) (Year): Mch 19-49

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 7

8. DATE OF BIRTH: June 25-1897

9. AGE (In years last birthday): 51 | IF UNDER 1 YEAR: Months: | Days: | IF UNDER 24 HRS.: Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer

10b. KIND OF BUSINESS OR INDUSTRY: Coal dealer

11. BIRTHPLACE (State or foreign country): Alton Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: No record

13b. MOTHER'S MAIDEN NAME: No record

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Florence Fox **ADDRESS**: Max Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension
DUE TO (c): Artereosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Not seen alive to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3.00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: M M Hart M.D. (Degree or title) Coroner

23b. ADDRESS: Salem Mo.

23c. DATE SIGNED: Mchh. 21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mch. 21-49

24c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cem.

24d. LOCATION (City, town, or county) (State): Salem Mo.

DATE REC'D BY LOCAL REG.: Mch 21-49

REGISTRAR'S SIGNATURE: M M Hart M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Earl K Spencer **ADDRESS**: Salem Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 5
District File Number 349228
Date Filed 3-31-49

APR 20 1949

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.

Student .....
Student Embalmer

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.