

No. 300
10-48

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8200

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Howard			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. LENGTH OF STAY (in this place) Most of life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		
d. FULL NAME OF HOSPITAL OR INSTITUTION New Addition			d. STREET ADDRESS (If rural, give location) New Addition		

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Thomas c. (Last) Jackman			4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1949		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11/19/1875	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 3 Days 27	IF UNDER 24 HRS. Hours Min.
--------------------	---------------------------------	---	------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	-----------------------------------	--	--	--

13a. FATHER'S NAME George Jackman		13b. MOTHER'S MAIDEN NAME Fannie Jackman		14. NAME OF HUSBAND OR WIFE Ronea Stemmons	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Liza Spence Fayette, 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 Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid 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 30			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	---	--

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
--	--	----------------------------	--

22. I hereby certify that I attended the deceased from **Feb 22, 1949**, to **March 16, 1949**, that I last saw the deceased alive on **March 16, 1949**, and that death occurred at **7:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD U.		23b. ADDRESS Lee Popelate Fayette, Mo.	23c. DATE SIGNED 3-19-49
--	--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/20/49	24c. NAME OF CEMETERY OR CREMATORY Hilldale Cemetery	24d. LOCATION (City, town, or county) (State) Howard County Missouri	
---	--------------------------	---	---	--

DATE REC'D BY LOCAL REG. 3-26-1949	REGISTRAR'S SIGNATURE [Signature]	404	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette Mo.	
---	--	-----	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-30-49

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 _____

Marshall C. Blackwell

Student Embalmer No. 293

working under my personal supervision.

Signed Marshall C. Blackwell
Student Embalmer

Signed Ralph A. Carr
Licensed Embalmer No. 3340

P. O. Address Fayette 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.