

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAR 21 1949 STANDARD CERTIFICATE OF DEATH

8205

BIRTH NO. 49-228066 REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4546 State File No. 554 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Howard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		45
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			d. STREET ADDRESS (If rural, give location) <u>Franklin Mo 3</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>JACKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 15 - 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 10 - 1949</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months <u>5</u> Days <u>3</u>	11. UNDER 18 Hrs. <u>5</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
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13a. FATHER'S NAME <u>Harvey Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Mae Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Single</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 <u>Annie Mae Jackson</u>		ADDRESS <u>Franklin Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Enlarged Thyroid</u> <u>Stasis Lymphaticus</u>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	ANTECEDENT CAUSES				DUE TO (b)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				273X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>Howard County Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from 3-15, 1949, to 3-15, 1949, that I last saw the deceased alive on 3-15, 1949, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Bloom M.D.</u>		23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>3-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Green Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Green Mo</u>	
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DATE REC'D BY LOCAL REG. <u>3-15-49</u>	REGISTRAR'S SIGNATURE <u>Mr. Lee Bowman</u>	404 25. FUNERAL DIRECTOR'S SIGNATURE <u>L.L. Lee</u>	ADDRESS <u>New Franklin Mo</u>	
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(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 3-22-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

L. L. Hall

Signed _____

Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin

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.