

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

33440

State File No. ....

REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>9 1/2 N. Vandeventer</u>		c. LENGTH OF STAY (In this place) <u>years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		3. CITY OR TOWN <u>3 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>920 N. Vandeventer</u>		d. STREET ADDRESS (If rural, give location) <u>920 N Vandeventer</u>	

3. NAME OF DECEASED (Type or Print) <u>Elisa Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12-1949</u>		
a. (First) <u>Elisa</u>		b. (Middle)		c. (Last) <u>Jackson</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>3-15-1870</u>	9. AGE (In years last birthday) <u>79</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	
13a. FATHER'S NAME <u>Jim Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE

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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Genera Moore</u> ADDRESS <u>920 N Vandeventer</u>	
--	-------------------------------------	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Lobar</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>490X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u>		
	DUE TO (c) <u>Coronary Sclerosis</u>		
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 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 11-1, 1948, to 10-12, 1949, that I last saw the deceased alive on 10-12, 1949, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert S. Green M.D.</u>	23b. ADDRESS <u>Kennett Mo</u>	23c. DATE SIGNED <u>10/17/49</u>
--	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Colored</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>10-18-1949</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lantz Service</u> ADDRESS <u>Kennett Mo</u>
--	---	---

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

RECEIVED OCT 24 1949

District Health Office No. 2,

District File Number 1049-1043

Date Filed \_\_\_\_\_

---

---

**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 Edgar Lee Ford

Licensed Embalmer No. 4332

P. O. Address Kennerly, 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.