

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40350

State File No.

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059 Registrar's No. 10

1. PLACE OF DEATH
 a. COUNTY Butler
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville c. LENGTH OF STAY (In this place) 38 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Butler
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville
 d. STREET ADDRESS (If rural, give location) General Delivery

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

5. SEX male **6. COLOR OR RACE** colored **7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED** (Specify) widowed
8. DATE OF BIRTH 12-10-1897 **9. AGE** (In years, last birthday) 52 0 8 **IF UNDER 1 YEAR** (Month) (Day) (Year) **IF UNDER 12 HRS.** (Hours) (Min.)

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

13a. FATHER'S NAME Frank Jackson **13b. MOTHER'S MAIDEN NAME** Lillie **14. NAME OF HUSBAND OR WIFE** deceased

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** Bernada Rouse - Neelyville Mo. **ADDRESS** —

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer or carcinoma of liver
 ANTECEDENT CAUSES none
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none
 DUE TO (c) none
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES NO 156A

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none **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) — **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 Dec 1, 1949, to Dec 18, 1949, that I last saw the deceased alive on Dec 9, 1949, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. E. White MD (Degree or title) **23b. ADDRESS** Neelyville Mo **23c. DATE SIGNED** 12-21-1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 12-21-49 **24c. NAME OF CEMETERY OR CREMATORY** Neelyville **24d. LOCATION** (City, town, or county) (State) Neelyville Missouri

DATE REC'D BY LOCAL REG. Jan 9 - 1950 **REGISTRAR'S SIGNATURE** Wm. H. Johnson **428** **25. FUNERAL DIRECTOR'S SIGNATURE** R. B. Rouse **ADDRESS** Poplar Bluff Mo.

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

12
0
0

JAN 11 1950

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Poplar Bluff, 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.