No. 300
10-48

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41781

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. 105

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

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyatt
c. LENGTH OF STAY (In this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Wyatt Project

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

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

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1949

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 20, 1902
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 6, Days 17 — 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): Tutwiley, Miss.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wade Jackson
13b. MOTHER'S MAIDEN NAME: Ella Reid
14. NAME OF HUSBAND OR WIFE: Ellen Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lovie Jackson, P.O. Box 69 — ADDRESS: Wyatt, 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 — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 331X

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* Dec 6, 1949, *to* Dec 7, 1949, *that I last saw the deceased alive on* Dec 7 1949, *and that death occurred at* 1:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. P. Fenton D.O.
23b. ADDRESS: Wyatt, Mo
23c. DATE SIGNED: 12-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 9, 1949
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Missouri

DATE REC'D BY LOCAL REG.: Dec. 9, 1949
REGISTRAR'S SIGNATURE: Mrs. Lex Kilgore 439
25. FUNERAL DIRECTOR'S SIGNATURE: F. J. Sparks — ADDRESS: Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 1949

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Miss. Co. Health De
County File No.
Date Filed DEC 1 6 1

DEC 17 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.

Signed Frank Spark

Signed
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.