

No. 300
10-48

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43440

State File No.

62845-49

BIRTH NO.		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6151</u>		Registrar's No. <u>80</u>			
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, (Elk Twp)</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex, R. 1.</u>		3. <u>3</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>L ee</u> c. (Last) <u>Jackson,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5. 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Oct. 26, 1949</u>			
9. AGE (In years last birthday) <u>11</u>		10. MONTHS <u>1</u>		11. DAYS <u>9</u>		12. IF UNDER 24 HRS. Hours Min.			
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>Essex, Mo. R. 1. /</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>E. J. Jackson,</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Gay</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)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>E. J. Jackson</u> ADDRESS <u>Essex, Mo R1.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonia - bronchial</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-- --</u>					
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? <u>--</u>					
22. I hereby certify that I attended the deceased from <u>--</u> , 19 <u>--</u> , to <u>--</u> , 19 <u>--</u> , that I last saw the deceased alive on <u>--</u> , 19 <u>--</u> , and that death occurred at <u>7:00 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Way W. Rainey</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>12-5-49</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>12.6.49,</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-19-49</u>		REGISTRAR'S SIGNATURE <u>Velma W. Jenkins</u> <u>409</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Service, Dexter, Mo</u>					

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

(Licensed Embalmer's Statement on Reverse Side)

*Coy Farm South of ...
West Fisher Hill*

RECEIVED DEC 27 19
District Health Office N
District File Number 1246
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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Body not embalmed