No.300	THE DIVISION OF HEALTH OF MISSOURI						
10.48	FLED MAR 7 1951 STAN		ICATE OF DEA	ATH s	State File No	7771	
<i>N</i> .	IRTH NO						
U	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before a. STATE b. COUNTY admission). MTSSOURT				
	b. CITY (If outside corpurate limits, write RURAL and give C. LENGTH OF COWnship) STAY (in this place)		c. CITY (If outside corporate limits, write BURAL and give township)				
RECORD	d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR ST. LOUIS MATERNITY HOSPITAL		d. STREET ADDRESS 4116 A HARRIS AVE.				
	3. NAME OF a. (Pirst) DECEASED (Type or Print)	b. (Middle)	C (Last) WARE	4. DATE OF DEATH	(Month) FEBRUAR	(Day) (Year) Y 8 51	
PERMANENT	5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH FEBRUARY 8	9. AGE (I last birth		TYPEAR OF UNDER M HES. Days Hours Min. 2 31	
ERM	10a. USUAL OCCUPATION (Give kind of work: done during most of working life, even if retired)	OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State		0	12. CITIZEN OF WHAT COUNTRY?	
4	13a. FATHER'S NAME 13b	. MOTHER'S MAIDEN	NAME	14. NAME OF HUS	BAND OR WIF	Ε .	
8		J A NITA ELIZAE	ETH JACKSON				
MAKE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 ANFORMANT'S SIGNATURE OR NAME ADDRESS NO. 16. SOCIAL SECURITY NO. 17 ANFORMANT'S SIGNATURE OR NAME ADDRESS NO. 18. SOCIAL SECURITY NO. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY						
INK—	18. CAUSE OF DEATH Enter only one cause per I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Line (or (a), (b), and (c)					INTERVAL BETWEEN ONSET AND DEATH	
CK II	*This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discount case, injury, or complications. If any, giving DUE TO (b) DUE TO (c) DUE TO (c)						
BLAC							
_U							
LDIN	tion which caused death. Conditions contributing to the death but not related to the disease or condition causing death.						
UNFADING	19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OP	ERATION				20. AUTOPSY?	
SING 1					- (STATE)		
n l	21d. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK					762,5	
PLAINLY	22. I hereby certify that I attended the deceased from FEB. 8, 151, to FEB. 8, 19.51, that I last saw the deceased alive on FEB. 8, 19.51, and that death occurred at 11.56 m., from the causes and on the date stated above.						
*- *	23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED						
WRITE	TION, REMOVAL (Bookly)	c. NAME OF COMPLECT		24d. LOCATION (City			
. [DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	nto.	Rowland	erous -4	1104 h	melloris	
•	~	(Licensed Embelmer's S	tatement on Reverse Sic	le)			

STATEMENT BY LICENSED EMBALMER

i hereby certify that the body whose name is recorded on	the reverse side of this certificate was embained by me, or by			
working under my personal supervision.				
Student Student Embalmer	Signed			
	Licensed Embalmer No			
	P. O. Address			
Note: The above MUST BE SIGNED BY THE LICE	NSED 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.