

FILED JUN 6 1955

STANDARD CERTIFICATE OF DEATH

15922

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4294 Registrar's No. 17-

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Silex</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Silex</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>		STREET ADDRESS (If rural, give location) <b>no street address</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>	b. (Middle) <b>Thomas</b>	c. (Last) <b>Jackman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 21, 1879</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Barber shop</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas Jackman</b>	13b. MOTHER'S MAIDEN NAME <b>Mary O'Brien</b>	14. NAME OF HUSBAND OR WIFE <b>Mallie Hall Jackman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-38-5143</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Mallie H, Jackman</b>	ADDRESS <b>Silex, Missouri</b>
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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) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
	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. _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 8, 1955, to May 9, 1955, that I last saw the deceased alive on May 9, 1955, and that death occurred at 8:15A m., from the causes and on the date stated above.

22a. SIGNATURE <b>R.M. Penn</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Silex mo</b>	22c. DATE SIGNED <b>May 10/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/11/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Alphonus Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lincoln Co. Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>6/3/55</b>	REGISTRAR'S SIGNATURE <b>Mrs. Clarence H. Heston</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kemper Funeral Home</b>	ADDRESS <b>Troy, Missouri.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, ~~XXXX~~ ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Joseph J. Marsh*  
Licensed Embalmer No...3932

P. O. Address Troy, Missou

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.