

FILED JUL 13 1944

Registration District No. 1347

Primary Registration District No. 3023

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hour
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL.")
(d) Street No. 500 S Washington
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WALTER Irven Jackson

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased June 19 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 hr. 10 min.

9. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

12. Name Don't know

13. Birthplace 0
(City, town, or county) (State or foreign country)

14. Maiden name Bornie Jackson

15. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jackson

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 6-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Clinton mo

(b) Address 1 Commercial + Beck

19. (a) June 20 1944 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1944 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 19 1944 to June 20 1944
that I last saw him alive on June 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death The nature birth

Due to

Due to

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (c) Means of injury

23. Signature Dr. R. S. Hatterquist (D. of other) M.D.

Address Clinton Mo Date signed 6/20/44

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1049

RECEIVED
District Health Officer No. 7,
District File Number 6-44-823
Date Filed 7-12-44-1

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Not Embalmed

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.