

S. No. 2
I-147
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20752

Office of Vital Statistics
FILED JUL 15 1947

Registration District No. 137

Primary Registration District No. 5074

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural, Orange Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

(c) City or town Brownington (Rural) Orange
(If outside city or town limits, write "RURAL")

(d) Street No. South East of Brownington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ella Jackson

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1947 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from 7-6
1947, to 7-8 1947,
that I last saw her alive on 7-7 1947,
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9-14-1864
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to _____

Due to _____

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

8. AGE: Years 82 Months 9 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Wentworth Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Curd

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

14. Maiden name Marionetta Janney

15. Birthplace (unknown) Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant The Winnie A. West

(b) Address Brownington Mo.

17. (a) Buried (b) Date thereof 7-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington Co. Mo.

18. (a) Signature of funeral director W. B. Keeney

(b) Address Clinton Mo.

19. (a) 7-8-47 (b) W. B. Keeney
(Date received local registrar) (Registrar's signature)

PHYSICIAN

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? _____ (e) Means of injury _____

23. Signature W. B. Keeney (M. D. or other) Mo. D.

Address Clinton Mo. Date signed 7-8-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District Office Number 6.47-823
Date Filed 7.14.72

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 _____

Fred Wilkins Registered Apprentice No. *H34*
working under my personal supervision.

Signed *Fred Wilkins*

Licensed Embalmer No. *2448*

P. O. Address *Chilton, Mo*

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.