

FILED AUG 6 / 1947

Registration District No.

Primary Registration District No. **5514**

Registrar's No. **166**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Brownington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **at home Osage Twp 7**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**
(c) City or town **Brownington**
(If outside city or town limits, write "RURAL")
(d) Street No. **Osage Twp**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ALLIE ASILEE JACKSON**

3. (b) If veteran, name war.....
3. (c) Social Security No. **508-22-5212**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Charles Lester Jackson**
6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **March - 3 - 1910**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	4	24	hr. min.

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

10. Usual occupation **House wife**

11. Industry or business.....

12. Name **W. L. Hancock**
13. Birthplace **Sedalia Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mollie Hulver**
15. Birthplace **Lexington Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Myrtle Hopper**
(b) Address **Clinton Mo**

17. (a) **Burial** (b) Date thereof **7-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood Cem**

18. (a) Signature of funeral director **Charles Beck**
(b) Address **Clinton Mo**

19. (a) **7-28-47** (b) **R. R. Kenney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1947** hour **supposedly** minute **11-30 AM**

21. I hereby certify that I attended the deceased from **had not attended at previous, covered body as being coroner.**
that I last saw him **alive** and that death occurred on the date and hour stated above.

Immediate cause of death **gunshot wound left chest.**

Due to.....

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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

(b) Date of occurrence **July 27, 1947**

(c) Where did injury occur? **Brownington Henry Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **at home**
(Specify type of place)

While at work..... (e) Means of injury **gun**

23. Signature **Paul Smith** (M. D. or other) **M.D.**
Address **Clinton, Missouri** Date signed **7-28-47**

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

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Henry Coroner

RECEIVED
District Health Officer No. 7,
District File Number 7-47-899
Date Filed 8-5-43

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.

Signed R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.