

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

42421  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 407  
(b) Township W. 1st Primary Registration District No. 5561A Registered No. \_\_\_\_\_  
(c) City W. 1st or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Lakeside Carterville St. no 7, Kentucky St  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30, 1875</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>6</u>
	DAYS <u>09</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fayetteville, Arkansas</u>		
FATHER	13. NAME <u>John A. Jackson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jessup, Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Susan J. Frieze</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Abraham, Missouri</u>	
17. INFORMANT (ADDRESS) <u>Wm. J. Clever, Carterville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carterville, Mo.</u> DATE <u>Dec 11, 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. H. City, W. H. City, Mo.</u>		
20. FILED <u>Dec 11, 1940</u> <u>J. W. Clark</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 9, 1940</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>December 9, 1939</u> , to <u>December 9, 1940</u> I last saw him alive on <u>November 11, 1940</u> Death is said to have occurred on the date stated above, at <u>3:20 p. m.</u> The principal cause of death and related causes of importance were as follows: <u>General Carcinoma</u>	
Other contributory causes of importance: <u>Carcinoma Sub maxillary gland on R. side</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____	Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>B. A. Dumbqued</u> M. D. (Address) <u>W. H. City, Mo.</u>	

**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 myself,

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address West City 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, above space should be left blank.**