DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7442

FILED MAR 11 1942

Registration District No. 6 5 6

Primary Registration District No. 6281

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Holland (Holland)
(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
In this community 17 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ( ) years

3. (a) PRINT FULL NAME Allice Mae Jackson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 12 (Day) 1924 (Year)

8. AGE: Years 17 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business None

FATHER
12. Name Sandy Jackson
13. Birthplace Indenola (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Rosie Bell White
15. Birthplace Amery (City, town, or county) Miss (State or foreign country)

16. (a) Informant's own signature Sandy Jackson
(b) Address Hermondale, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2. 22. 42 (Month) (Day) (Year)
(c) Place: burial or cremation Yarbro, Ark

18. (a) Signature of funeral director German Undt Co.
(b) Address Steele, Mo.

19. (a) 2-2-42 (Date received local registrar) (b) C C Lumbaugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 18, 1942, to Feb 18, 1942 that I last saw h alive on was dead when I arrived and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac embolus — Duration

Due to post delivery blood clot from infection -

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 1470

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

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 J. R. Chapman (M. D. ~~another~~)

Address Steele, Mo. Date signed 3/3/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. 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.

Rev. 5-17-39

3-4-2-5

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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.