

Registration District No. 101
457

FILED SEP 11 1942

Primary Registration District No. 53955405

Registrar's No. 2

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

1. CAUSE OF DEATH:
 (a) Cause of death: Douglas Jackson
 (b) City or town: rural Jackson
(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: 2 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Clay
 (c) City or town: rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: John R. Lando Smith
 3. (b) If veteran name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 5
 year 1942 hour 5 minute 15 M.

4. Sex: male 5. Color or race: w
 6. (a) Single, widowed, married, divorced: married
 6. (b) Name of husband or wife: Burrida Smith
 6. (c) Age of husband or wife if alive: 58 years
 7. Birth date of deceased: Sept 27 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1 1942 to March 7 1942
 that I last saw him alive on March 4 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 5 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death: Prostatic Hypertrophy
 Due to: _____
 Due to: _____
 Duration: 6 days

9. Birthplace: Haskell Co. Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation: farmer

Other conditions: _____
(Include pregnancy within 8 months of death)
 Major findings: 137a
 Of operations: _____
 Of autopsy: _____

MOTHER FATHER
 11. Industry or business: _____
 12. Name: Perceson Smith
 13. Birthplace: Dennis
(City, town, or county) (State or foreign country)
 14. Maiden name: Rebecca Swiers
 15. Birthplace: Mo
(City, town, or county) (State or foreign country)

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?
 While at work? _____ (Specify type of place) (e) Means of injury: _____

16. (a) Informant: Warner Smith
 (b) Address: Rockridge Mo
 17. (a) burial (b) Date thereof: Mar 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Eaton Cemetery
 18. (a) Signature of funeral director: Werner Koller
 (b) Address: Gro Mo
 19. (a) 6-10-42 (b) Thelma S. Water
(Date received local registrar) (Registrar's signature)

23. Signature: M. J. Hoerman (M. D. or other) DD
 Address: Gasconville Mo Date signed: 3/10/42

STATEMENT BY LICENSED EMBALMER

not

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 *Denver Roller*

Licensed Embalmer No. *4006*

P. O. Address *and, ind,*

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.