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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3

FILED FEB 16 1944  
Registration District No. 238

Primary Registration District No. 4355

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No  
(Specify whether)

In this community all of life  
years, months or days

3. (a) PRINT FULL NAME Jahn Jackson

3. (b) If veteran name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kathie Jackson 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 7 - 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Simon Jackson

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Kathie Jackson

(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof 1/8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fammi, Dardell

18. (a) Signature of general director Richards and Co

(b) Address New Madrid, Mo.

19. (a) 1/10/44 (b) N. d. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid 4  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 21 - 1943 19\_\_\_\_ to Jan 30 1944  
that I last saw him alive on Jan 9 - 1944 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration \_\_\_\_\_

Due to Influenza  
Bronchial Asthma

Other conditions \_\_\_\_\_ (Includes pregnancy within 3 months of death) 330

Major findings: Of operations \_\_\_\_\_ 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature O. B. Chandler (M. D. or \_\_\_\_\_)  
Address New Madrid Mo Date signed 1/10/44

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RECEIVED

District Health Office No. 2,

District File Number 244-323

Date Filed 2-12-44

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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 Leo H. Hidyupith

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.