

No. 2
-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12119

State File No. _____

FILED APR 17 1946

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Barry
(b) City or town 910 4th St. Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 65 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett (Rural) Kingsprarie
(If outside city or town limits, write "RURAL") JP.
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Alice Jackson

(b) If veteran, name war _____

(c) Social Security No. None

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Henry Jackson

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

7. Birth date of deceased July 9 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Barry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John D. Tate

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

14. Maiden name Nancy Westfall

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

16. (a) Informant John D. Tate

(b) Address 1432 Summit, Springfield

17. (a) Burial (b) Date thereof March 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie Cem.

18. (a) Signature of funeral director Blankenships

(b) Address Monett, Missouri

19. (a) 4-1-46 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1946 hour 2 minute 25 AM.

21. I hereby certify that I attended the deceased from Dec. 12-45
Dec. 12 1945 to Mar. 29 1946
that I last saw her alive on Mar 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to hardening of arteries and hypertensive

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

Major findings: Of operations _____
Of autopsy 940

Duration _____
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 _____

23. Signature W. M. West (M. D. or other) _____
Address Monett, Mo. Date signed 4-1-46

12

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
11028

RECEIVED

District Health Officer No. 6;

District File Number 446-422

Date Filed APR 12 1946

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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.