

FILED JUN 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 82

Primary Registration District No. 2017

Registrar's No. 197

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)

In this community 10 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

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

(d) Street No. REAR OF HIGH STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT JACKSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29
year 1946 hour 1:00 minute P. M.

4. Sex MALE 5. Color or race NEGRO

6. (a) Single, widowed, divorced WIDOWED

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JULY 4 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 7, 1946 to May 27, 1946;
that I last saw him alive on May 27, 1946;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Chronic Myocarditis Duration unknown

Due to _____

Due to _____

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business DAY LABOR

12. Name UNKNOWN

13. Birthplace _____

14. Maiden name UNKNOWN

15. Birthplace _____

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 _____

16. (a) Informant EDWARD JACKSON

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 5/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER

(b) Address BOONVILLE, MO.

19. (a) 5-21-46 (b) Clay Jones
(Date received local registrar) (Registrar's signature)

23. Signature J.C. Tincher (M.D. or other) M.D.

Address Boonville Mo Date signed 5/27/46

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

15017

27
2

RECEIVED

DATE: 6-6-46

MAR 8 1954

APR 27 1954

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 *James W. Segner*

Licensed Embalmer No. *3780*

P. O. Address *Boonville, 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.