

FILED MAR 21 1947

Registration District No. **206**

Primary Registration District No. **6122**

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

1. PLACE OF DEATH

(a) County **Shannon**
(b) City or town **Blair Creek Twp**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Shannon**
(c) City or town **Blair Creek Twp**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lucy Jane Jackson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F**

5. Color or race **A**

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

6. (b) Name of husband or wife **Walter Jackson**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased _____

Aug Apr - 20 - 89 1884
(Month) (Day) (Year)

8. AGE:

Years **74** Months **8** Days **5**
If less than one day _____ hr. _____ min.

9. Birthplace _____

Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation **62 mg**

11. Industry or business _____

MOTHER FATHER

12. Name **James Mc Farland**

13. Birthplace **Ind Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Bluff**

15. Birthplace **Ind Ky**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. Mc Zowan**

(b) Address **Midwodge no 1-26-47**

17. (a) **Burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Knudler Church**

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **3-10-47**
(Date received local registrar)

(b) **Moore Green**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **25**
year **1947** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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

23. Signature **Fraide Hyde** (M. D. or other) _____
Address **Quincy, Mo** Date signed **1-25-47**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.