

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8465
 Do not use this space.

FILED MAR 14 1944

1. PLACE OF DEATH

(a) County Selins Registration District No. 324
 (b) Township Marshall Primary Registration District No. 6093 Registered No. 5391
 (c) City Marshall (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ford Elliott Jackson

(a) Residence, No. _____ St. (If nonresident, give city or town and State) J
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 1 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

13. NAME E. E. Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain G. Mo. 0

15. MAIDEN NAME Florence Elliott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. 0
Missouri

17. INFORMANT (ADDRESS) Mo. State School Records
Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL James Town, Mo.
 PLACE W. W. Jewett DATE 2/27 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Jewett
Marshall Mo.

20. FILED 2-25 1944 W. O. Wulfsberg Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1944

22. I HEREBY CERTIFY, That I attended deceased from July 7 1942 to Feb 25 1944

I last saw him alive on Feb 25 1944. Death is said to have occurred on the date stated above, at 7:10 am.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Lobar Pneumonia Date of onset 1-24-44

Other contributory causes of importance:
Mongolian 108

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify, whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) L. S. James _____ M. D.
 (Address) Marshall Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR DRIVING

V. S. NO. 7.
 2014-1-12-38
 I X14028

1911

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed

3-13-44

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 _____

J. Leslie Sweeney
Licensed Embalmer No. 32357

P. O. Address Manchester, N.H.

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, above space should be left blank.