

S. No. 2
 OM-8-43
 v. 5-17-39
 I X37823

FILED NOV 20 1944
 Registration District No. **2421**

Primary Registration District No. **4331**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Moniteau Co
 (b) City or town Jamestown, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Delv
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau
 (c) City or town Jamestown, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. General Delv
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Adline Jackson

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Femal 5. Color or race White 6. (a) Single, widowed, married, 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 19 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>2</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant C. W. Jackson

(b) Address California, Mo.

17. (a) Burial (b) Date thereof Oct. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion.

18. (c) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (c) Oct-8-1944 (b) Boice Bentzsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 7 day 1944 7
 year 1944 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 7 to Oct 7, 1944
 that I last saw her alive on Oct 7, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Valvular Disease of Heart
 Duration 3

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g2d

Major findings: Of operations _____

Of autopsy _____

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 A. L. Meredith (M. D. or other) 0721

Address Prairie Home Date signed 10-9-44
Mo

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

311

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

11-15-44

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 M.E.

....., Registered Apprentice No.
working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

R. O. Address California, 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.