

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **3473**

Registration District No. **571**

Primary Registration District No. **4335**

Registrar's No. **1**

1. PLACE OF DEATH: **Moniteau.**  
(a) County **Moniteau.**  
(b) City or town **California, Mo.**  
(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 **25 Yrs** (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME **Helen Nadine Jackson**  
(b) If veteran, name war  
(c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Henry C. Jackson** 6. (c) Age of husband or wife if alive **34** years  
7. Birth date of deceased **May 21 1915** (Month) (Day) (Year)

8. AGE: Years **25** Months **7** Days **12** If less than one day  
hr. min

9. Birthplace **California, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

MOTHER FATHER { 12. Name **Len Christian**  
13. Birthplace **California, Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Ollie Balance**  
15. Birthplace **Miller, Co.** (City, town, or county) (State or foreign country)

16. (a) Informant **Henry C. Jackson**  
(b) Address **California, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 4, 41** (Month) (Day) (Year)  
(c) Place: burial or cremation **California, Cent.**

18. (a) Signature of funeral director **Bowlin Funeral Home**  
(b) Address **California, Mo.**

19. (a) **1-3-41** (b) **H.R. Popajoy** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Moniteau**  
(c) City or town **California, Mo.** (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **2** year **1941** hour **8** minute **4** M.  
21. I hereby certify that I attended the deceased from **Dec. 3** 19**40** to **Jan. 2** 19**41**  
that I last saw her alive on **Dec. 3** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Stenosis.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

**504** (Specify type of place) (e) Means of injury

23. Signature **H. A. Bonions** (M-D, or other) **XO**

Address **California** Date signed **1/2/41**

**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.....

*Earl R. Boulton*

Licensed Embalmer No.....

*2126*

P. O. Address.....

*California M.*

**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.**