

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14139**
Registrar's No. **47**

FILED MAY 5 2 1942

Registration District No.

Primary Registration District No. **3015**

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: **ALEX VAN RAVENSWAAY HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 WEEKS**
(Specify whether years, months or days)
In this community **3 WEEKS**

3. (a) PRINT FULL NAME **OTHEL JACKSON**

3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **MALE**
5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ETHEL BROWN**
6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **JULY 8 1913**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 8 10 hr. min.

9. Birthplace **PRAIRIE HOME** **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARM**

12. Name **JOHN JACKSON**

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

14. Maiden name **EMMA F. BOLLS**

15. Birthplace **OVERTON** **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS ETHEL JACKSON**

(b) Address **PRAIRIE HOME, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **April 8, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SPLICE CREEK CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MISSOURI**

19. (a) **April 8-42** (b) **Dr. Chas Swap**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**
(c) City or town **PRAIRIE HOME (RURAL)**
(If outside city or town limits, write "RURAL")
(d) Street No. **EAST**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **7th**
year **1942** hour **12:30** minute **AM**

21. I hereby certify that I attended the deceased from **June 27**
1942 to **April 7** **1942**
that I last saw him alive on **April 6** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of spine & rt. hip**
Duration ?

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **16**

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) (c) Means of injury

23. Signature **Hubert H. Wells** (M. D. or other)

Address **Boonville, Mo.** Date signed **4-8-42**

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

MOTHER FATHER

1088

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8;

District File Number

Date Filed 5-4-42

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
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.