

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

1539
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township Kan Primary Registration District No. _____ Registered No. 247
 (c) City Kennett (d) Street No. 2112 E. 11th Str _____ 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 EMMA PRICE JACKSON 250

(a) Residence, No. 2112 E. 11th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Jackson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS 48 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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. Housewife
 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) Beloit, Mich

FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Charles Jackson
2112 E. 11th St. 1

18. BURIAL, CREMATION, OR REMOVAL Wilson Mo DATE 1-18-38
PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR Flynn - Greenstreet
(ADDRESS)

20. FILED Jan 17 1938 M. M. Cronin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH 10-10 a.m.

21. DATE OF DEATH (MONTH, DAY AND YEAR) 1-14-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938, to 1-14- 1938.
 I last saw her alive on Jan 9, 1938. Death is said to have occurred on the date stated above, at 10/10 m.
 The principal cause of death and related causes of importance were as follows:

Ruptured aneurysm of the aorta
 Date of onset ?

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 1938
 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? 1
 If so, specify Geoff Walker
 (Signed) _____ (Address) Univ. of Kansas Hospitals M. D.

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.

RECEIVED

FEB 12 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, John S. Flynn

Licensed Embalmer No. 2211

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Edw. J. Evans

L. E.

No. 3836

or by

Registered Apprentice No.

working under my personal supervision.

Signed

John S. Flynn

Licensed Embalmer No. 2211

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.)