

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Chapman
State File No. 36372

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1802 Pearl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)
In this community _____

NOV 24 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1802 Pearl
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1939 hour 12:55 minute 8 M.
21. I hereby certify that I attended the deceased from Jan. 1, 1938
to Oct 31, 1939
that I last saw her alive on Oct 31, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 3 days
Due to Chr. Arteriosclerosis 5 yrs
Due to _____

Other conditions 79 yrs of age
(Include pregnancy within 8 months of death)
Major findings: None PHYSICIAN _____
Of operations None
Of autopsy None
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Emma Louisa Jenness 53A

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 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. Aug. 26 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown Lockwood

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

14. Maiden name unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Walter Jenness

(b) Address 1802 Pearl Joplin Mo

17. (a) Burial (b) Date thereof 10-31-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director W. Reynolds

(b) Address Joplin, Missouri

19. (a) 11-2-39 (b) Ed. James
(Date received local registry) (Registrar's signature)

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.

1 X 19311

RECEIVED

District Health Officer No. 6,

District File Number 1139-2308

Date Filed NOV 9 1939

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, above space should be left blank.