

Registration District No. FILED FEB 19 1940

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: 219 N. Moffet
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 mos. 2 weeks years, months or days)

3. (a) PRINT FULL NAME JENNIE MIRIAM WILCOX
3. (b) If veteran, name war _____ 3. (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 5 1859 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Brooklyn New York (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Magilda Kelly
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie

(b) Address 219 N. Moffet, Joplin, Mo

17. (a) Removal (b) Date thereof 1-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation Nowalk Conn

18. (a) Signature of funeral director Thornhill Nelson

(b) Address Joplin Missouri

19. (a) 1-17-40 (b) E D James (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Connecticut (b) County _____
(c) City or town Nowalk (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. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 16 year 1940 hour 11:45 minute P M.
21. I hereby certify that I attended the deceased from 1-16 1940 to 1-16 1940
that I last saw her alive on 1-16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Hypertension
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Mary L Mack (M. D. or other) _____
Address Terico Bldg Joplin Date signed 1-17-40

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

District Health Officer No. 6,

District File Number 240 - 568

Date Filed FEB 15 1940

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..... *David Dillon*

Licensed Embalmer No..... 3898

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.