

Registration District No. 417

Primary Registration District No. 5561-D

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Rural JOPLIN
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Residence
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Etta Jane Jackson

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

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ed. Jackson 6. (c) Age of husband or wife if alive no data years

7. Birth date of deceased January 13 1882
 (Month) (Day) (Year)

8. AGE: Years 58 Months -- Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Cherokee County Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name John Graham

13. Birthplace No data New York
 (City, town, or county) (State or foreign country)

14. Maiden name Nancy Keith
 15. Birthplace No data Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ed Jackson

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof Jan. 25, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) JAN. 24. 40 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3 Miles East & 1 mile North
 (If rural, give location) OF WEBB CITY.
 (e) If foreign born, how long in U. S. A.? 58 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
 year 1940 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 22
1940, to Jan. 22 1940
 that I last saw her alive on Jan 22 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Duration _____

Due to _____

Due to 94 1/2

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? _____

While at work? _____ (Specify type of place) (e) Manner of injury _____

22. Signature [Signature] (M.D. or other) MD
 Address [Address] Date signed 1/24/40

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 240-303

Date Filed FEB 5 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.....

E. W. Hedgk....., Registered Apprentice No.....
working under my personal supervision.

Signed E. W. Hedgk.....

Licensed Embalmer No. 2859.....

P. O. Address Walden, N.Y......

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.