

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24074

2613

Registration District No. 16

Primary Registration District No. 1002

Registrar's No.

338

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
General Hospital #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-23-41-7-7-41  
(Specify whether years, months or days) 0

In this community 16 years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 048

(c) City or town Kansas City 30  
(If outside city or town limits, write "RURAL")

(d) Street No. 2012 E. 12th St.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7  
year 41 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from  
6-23- 1941 to 7-7- 1941  
that I last saw her alive on 7-7- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Lypoid Necrosis of Wound

Due to Bilateral Salpingitis & Toxemia  
(P. O.)

Due to \_\_\_\_\_

Other conditions n n o 1240  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 1240

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 0

Address Gen. Hosp. #2 Date signed 7-5-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Joelena Jackson

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Unknown (c) Age of husband or wife if alive 33 years

7. Birth date of deceased 10 25 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 8 12 hr. \_\_\_\_\_ min.

9. Birthplace Cotton Plant Arkansas 1  
(City, town, or county) (State or foreign county)

10. Usual occupation Housewife - Teacher

11. Industry or business \_\_\_\_\_

12. Name Saunders Woodfin Unk 9

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign county)

14. Maiden name Dora Darby

15. Birthplace Ala. 1  
(City, town, or county) (State or foreign county)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Removal (b) Date thereof 7 13 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cottonplant Ark.

18. (a) Signature of funeral director [Signature]

(b) Address Kansas City Mo.

19. (a) July 11, 1941 (b) M. H. Crowe  
(Date received local registrar) (Registrar's signature)

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**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..... *Edw Evans* .....

Licensed Embalmer No. *3836* .....

P. O. Address.....

**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.**