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State File No. \_\_\_\_\_

FILED SEP 12 1944

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: Freeman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
in this community. 32 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper <sup>049</sup>  
(c) City or town Joplin (If outside city or town limits, write "RURAL") <sup>2</sup>  
(d) Street No. 106 N. Moffet (If rural, give location) <sup>5</sup>  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country D

3. (a) PRINT FULL NAME MARY EMERSON JACKSON

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 Married

6. (b) Name of husband or wife W. M. JACKSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 7 1981  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 60 5 10 hr. min.

9. Birthplace Pettis County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

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

12. Name Thomas J. Emerson

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

14. Maiden name Virginia Hughes

15. Birthplace Pettis County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Emerson

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 8-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamont, Missouri

18. (a) Signature of funeral director Lawrence Masterson

(b) Address Joplin, Mo.

19. (a) 8-19-41 (b) Ed James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17  
year 1941 hour 1:50 minute 50 M.

21. I hereby certify that I attended the deceased from April 10, 1941, to Aug 17, 1941;  
that I last saw her alive on Aug 17, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor (Malignant) <sup>4 Months</sup>  
Duration

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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) Means of injury \_\_\_\_\_

23. Signature of \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 8/19/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**