

FILED FEB 10 1942

Registration District No. 05

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Joseph Hosp. A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 10 days
(Specify whether)
In this community 25 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO County Buchanan
(b) City or town Saint Joseph Missouri
(If outside city or town limits, write "RURAL")
(c) Street No. 1314 Holman St. St. Joseph MO
(If rural, give location)
(d) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Rummins Jackson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Jackson 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased July 5 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 5 If less than one day 3 hr. 2 min.

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

10. Usual occupation House Wife

11. Industry or business None

12. Name Robert Rummins

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

14. Maiden name Louise Woods

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

16. (a) Informant Afred Beverly

(b) Address 1421 North 12th Street

17. (a) Burial (Burial, ~~cremation~~ or removal) (b) Date thereof Jan. 14, 42
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia Missouri

18. (a) Signature of funeral director Ransley's Son

(b) Address 1602 Messanie St. St. Joseph MO

19. (a) Jan. 14, 1942 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th year 1942 hour 3 minute 10 P.

21. I hereby certify that I viewed the deceased from Jan 12 1942 to Jan 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of the abdomen

Due to pyopostatic terminal pneumonia

Due to Penetrating bullet wound of a 32 Caliber pistol

Other condition Bullet entered left flank region posteriorly tore a hole

Major findings: Of operations by the decedent's colon and perforating the ileum

Of autopsy liver fat three different points gross contamination

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Jan 1 - 1942

(c) Where did injury occur? Joseph Such, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place?
in the home

While at work? no (Specify type of place) (e) Means of injury Pistol

23. Signature H F Mundy (M. D. or other) Coroner

Address 404 S D St Date signed 1/13/42

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

117

11

1

7

NO

Jan 11th

10 P.

Jan 12

10 days

5 days

166

PHYSICIAN

Underline the cause to which death should be charged statistically.

PHYSICIAN

Homicide

Jan 1 - 1942

Joseph Such, Mo

Pistol

1/13/42

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.....

Licensed Embalmer No.....

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.