

S. No. 2
OM-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21634
Registrar's No. 345

FILED JUL 12 1943
Registration District No. 2001

Primary Registration District No. 2001

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

49
2
5

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 months
(Specify whether)

In this community 43 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 814 W. A.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Josephine Bessie Jackson

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

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

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

7. Birth date of deceased Oct. 14 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Golden

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

14. Maiden name Elva Hicks

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

16. (a) Informant Nellie Reed

(b) Address 814 W. A.

17. (a) Burial (b) Date thereof 6/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker - Hunsaker

(b) Address Joplin, Missouri

19. (a) 6-21-43 (b) Gertrude Sudhoffer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1943 hour 4 minute 30 p.m.

21. I hereby certify that I attended the deceased from Apr. 10 1943 to June 18 1943
that I last saw her alive on June 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Face and Throat

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 53

Major findings: Of operations

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?

(Specify type of place) (e) Means of injury

23. Signature Charles C. Coyle (M. D. or other) MD

Address 306 Union Blvd. Joplin Date signed 6-19-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

120K

(Licensed Embalmer's Statement on Reverse Side)

43-6-838

etc

ALV

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 with the above constitutes grounds for revocation of license.)

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