

S. No. 2
OM-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26389

FILED AUG 9 1943

Registration District No. 260

Primary Registration District No. 6225

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada - Washington turn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp. no. 32
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 26 days
(Specify whether
In this community Same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1509 Myrtle
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Jackson

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st
year 1943 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from 25th May 1943, to July 21st 1943, that I last saw her alive on July 21 1943, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sam Jackson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 11 1888
(Month) (Day) (Year)

Immediate cause of death Psychosis with
Etiotic Meningo-Encephalitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

54 8 10 _____ hr. _____ min.

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

Major findings: 30 lb

Of operations _____

Of autopsy _____

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

10. Usual occupation Housework

11. Industry or business Own home

12. Name Andy Miller

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

14. Maiden name Katherine Weber

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

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Removal (b) Date thereof July 22 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Allen D. Hoops

(b) Address Nevada Mo.

19. (a) 7-22-43 (b) Hazel B. Beurick
(Date received local registrar) (Registrar's signature)

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 0

23. Signature R.B. Patis (M. D. or other) MD.
Address Nevada Mo. Date signed 7-21-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number..... 7-13-828

Date Filed..... 8-7-43

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..... Allen V. Hays

Licensed Embalmer No..... 1968

P. O. Address..... Nevada, M

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.