

X26390

Dr. Atherton

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 23 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28251

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 617

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

1. PLACE OF DEATH: **Greene**

(a) County **Springfield**

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

(c) Name of hospital or institution: **910 Meadowmere**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Year**
(Specify whether years, months or days)

In this community **1 Year**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jennie Josselyn**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **A.P. Josselyn**

6. (c) Age of husband or wife if alive **Unk.** years

7. Birth date of deceased **Feb. 19 1862**
(Month) (Day) (Year)

8. AGE: Years **4 81** Months **5** Days **12** If less than one day **hr. min.**

9. Birthplace **Unk. Louisiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Miller**

MOTHER FATHER { 12. Name **Unk. Miller**

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

{ 14. Maiden name **Unk. Daugherty**

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

16. (a) Informant **Mrs. Wiley Spencer**

(b) Address **Springfield, Mo.**

17. (a) **Removal** (b) Date thereof **Aug. 3, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Denver, Colo.**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **8-3-43** (b) **S.W. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Missouri**

(a) State **Missouri** (b) County **Greene**

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

(d) Street No. **910 Meadowmere**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **1**
year **1943** hour **6:00** minute **p.** M.

21. I hereby certify that I attended the deceased from **I saw her only once, 7/24 '43**
that I last saw her alive on **7/24/43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-sclerosis**

Duration **?**

Due to.....

Due to.....

Other conditions **Senility**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **Senility**

Of operations.....

Of autopsy.....

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?
(Specify type of place)

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

23. Signature **J.D. Pennington** (M. D. or other) **MA**
Address **Springfield, Mo.** Date signed **8/2/43**

ATG 23 1943

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

Walter E. Hamelton

Licensed Embalmer No.

3808

P. O. Address

Shingold 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.

J