

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42642

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 697

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:
2635 E. 5th St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community All life (Specify whether 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. 2635 E. 5th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles E. E. Jaggars

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Jaggars 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 17, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>9</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Hurley Lumber Co.

12. Name Samuel A. Jaggars

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

14. Maiden name Ellen Thompson

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Jaggars

(b) Address 2635 E. 5th St.

17. (a) Burial (b) Date thereof 12-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TORRESTON

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 12-23-43 (b) Guilford S. Sutherland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1943 hour 10:20 A. Minute _____ M.

21. I hereby certify that I attended the deceased from Dec 12 1943 to Dec 22 1943
that I last saw him alive on Dec 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration 7 days

Due to Coronary Thrombosis 2 hrs

Due to Cause unknown

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

Major findings: Of operations 100

Of autopsy _____

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) Means of injury _____

23. Signature H. Verleur (M. D. or other) _____
Address Joplin Mo Date signed 12-22-43

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

43-10-1058

JAN 2 01944

MAR 25 1944

NOV 29 1944

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..... *Jerry T. Hulbe*.....

Licensed Embalmer No. *989*.....

P. O. Address..... *Daphn...*.....

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.