

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37578

State File No.

FILED NOV 16 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

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:
310 N. Connor /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 years (Specify whether years, months or days)
In this community 43 years (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. 310 Connor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James B. Jacks

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

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 14 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 8
If less than one day hr. min.

9. Birthplace McNunn Co Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

12. Name Henderson Jacks

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

14. Maiden name Malissa Daugherty

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

16. (a) Informant Dau. Mrs. H. Henderson
(b) Address Joplin, Mo.

17. (a) burial (b) Date thereof 10/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Mo.

19. (a) 10-29-45 (b) James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1945 hour 12:50 minute P. M.

21. I hereby certify that I attended the deceased from Oct 20 1945 to Oct 22 1945

that I last saw him alive on Oct 20 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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

23. Signature G. E. Coats (M. D. or other)

Address Joplin Mo. Date signed

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

MOTHER FATHER

1404 (Licensed Embalmer's Statement on Reverse Side)

15-10-835

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. 12859
P. O. Address Hub City, 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.