

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13499**

**FILED** APR 24 1946

Registration District No. **1624** Primary Registration District No. **5572**

Registrar's No. **43**

1. PLACE OF DEATH:

(a) County **Clayton Jackson**

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

(c) Name of hospital or institution: **Jackson Co Home aged**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Mo. 14 ds.**  
(Specify whether years, months or days)

In this community **three months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

(c) City or town **N. E. Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. **2014 E. 24th St**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CLIO JOINTER**

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

3. (c) Social Security No. **none**

4. Sex **F** / 5. Color or race **N.**

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

6. (b) Name of husband or wife **Charles James**

6. (c) Age of husband or wife **31** years

7. Birth date of deceased **3** (Month) **17** (Day) **1883** (Year)

8. AGE: **63** years **10** Months **10** Days **11** hr. **0** min.

9. Birthplace **Warrensburg Mo** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business \_\_\_\_\_

12. Name **John Brown**

13. Birthplace **South King Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Fannie Shuman**

15. Birthplace **South King Va** (City, town, or county) (State or foreign country)

16. (a) Informant **Frances Slaughter**

(b) Address **2014 E. 24th Lane**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **3-15-1946** (Month) (Day) (Year)

(c) Place: burial or cremation **West Lawn Cemetery**

18. (a) Signature of funeral director **W. A. Appleton**

(b) Address **1905 Vine St.**

19. (a) **3/14/46** (Date received by Registrar)

(b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **12** year **46** hour **12** minute **0** M.

21. I hereby certify that I attended the deceased from **9th** to **15th** of **Mar** 19**46**

that I last saw her alive on **3/11/46** and that death occurred on the date and hour stated above.

Immediate cause of death **pericarditis**

Due to **circulatory failure**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 6 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **16 wk**

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) (e) Means of injury \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other)

Address **N. E. Jackson** Date signed **3/12/46**

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

12405

155

(Licensed Embalmer's Statement on Reverse Side)

3/12-46

APR 26 1946

**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 *O. J. West*

Licensed Embalmer No. 2710

P. O. Address Kansas City

**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.