

No. 2
-12-45
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF CE...

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32474
Registrar's No. #5 116

Registration District No. 360

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Wernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp No 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs 11 mo
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 108
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2026 Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LULA-JACKSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race ulti 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chester E. Jackson 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 6, 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 3 If less than one day - hr. - min.

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

10. Usual occupation housewife

11. Industry or business none

12. Name J. B. Ingram 4
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Clever gery
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp 3
(b) Address Nevada Mo

17. (a) Burial (b) Date thereof Sept 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Spark Memorial Park

18. (a) Signature of funeral director Harold Wilton
(b) Address Joplin Mo

19. (a) 9-12-46 (b) Wathyn Yancey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1946 hour 9 minute 15P M.

21. I hereby certify that I attended the deceased from Oct 3 1940 to Sept 9 1946
that I last saw her alive on Sept 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Luetic Heart Disease
Duration _____

Due to Lues

Due to 30B

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

Major findings: Of operations none performed

Of autopsy no autopsy

22. If death was due to external causes, fill in the following: No!

(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 Paul L Barone (M. D. or other) _____
Address State Hosp 3 Date signed Sept 9

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

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

MOTHER FATHER

331

(Licensed Embalmer's Statement on Reverse Side)

Nevada Mo

1946

RECEIVED

District

City

Date Filed

Officer No. 7.

9-46-967

10-2-46

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

David Dillon

Licensed Embalmer No. 3898

P. O. Address. Joplin, 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.