

S. No. 2
M-5-43
5-17-39
I X36671

37453

State File No.

FILED DEC 16 1946
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:
Bacon Ridge Addition
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 13 years
In this community 13 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. Bacon Ridge Addition
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country.....

3. (a) PRINT FULL NAME Rena Dela Jackson

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

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased September 1, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	2	24	hr. min.

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

10. Usual occupation Home duties

11. Industry or business.....

12. Name Jim Nichols

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

14. Maiden name No record

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

16. (a) Informant Rena Crandell

(b) Address Bacon Ridge, Joplin, Missouri

17. (a) Burial (b) Date thereof 11-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

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

(b) Address Joplin, Missouri

19. (a) 11-29-46 (b) Ed Sparr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1946 hour 7 minute 45 p. M.

21. I hereby certify that I attended the deceased from 19... to 19...
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Duration

Due to.....

Due to.....

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 83 A
Of autopsy: 83 A

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?

(Specify type of place) While at work? (b) Means of injury.....

23. Signature: H. H. Sparr (b) or other: Ed Sparr

Address: 5114 Joplin Date signed: 11/29/46

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

46-11-1018

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

.....
Licensed Embalmer No. 3566

P. O. Address Joseph Missouri

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.