FILED MAY 16 1947

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

DO NOT WRITE 17805 IN THIS SPACE

STATE BOARD OF HEALTH
Division of Vital Statistics, State of ~~[illegible]~~ Mo.

Registrar's No. 056-2001

49
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1. PLACE OF DEATH:
(a) County Jasper
(b) City or township Joplin Mo. (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: St Johns Hospital 22nd & Connor (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee
(c) City or town Galena (If outside city or town limits, write RURAL)
(d) Street No. 1101 Keller St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years.

3 (a) FULL NAME Ella May Jackson
3 (b) If veteran, name war —
3 (c) Social Security No. —
4. Sex Female
5. Color or race W.
6 (a) Single, widowed, married, divorced married
6 (b) Name of husband or wife Warren Jackson.
6 (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct (Month) 24 (Day) 1873 (Year)
8. AGE: Years 73 Months 5 Days 25 If less than one day ..... hr. ..... min.
9. Birthplace Shelbania (City, town or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name — 9
13. Birthplace — 1 (City, town or county) (State or foreign country)
MOTHER
14. Maiden name — 9
15. Birthplace — 1 (City, town or county) (State or foreign country)
16 (a) Informant's own signature Warren Jackson
(b) Address 1101 Keller Galena Ks
17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem. Joplin
18 (a) Signature of funeral director Parker-Hansaker
(b) Address 1502 Joplin St Joplin Mo
19 (a) 4-18-47 (Date received local registrar) (b) Dolores Kamakins (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month 4 day 18 year 47 hour 1 minute 86 a.m.
21. I hereby certify that I attended the deceased from 5 March, 1947, to 18 April, 1947; that I last saw her alive on 17 April, 1947; and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Cardiac failure	4 days
Due to Toxic myocarditis	3 yrs
Due to Purulent senile bronchitis	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Robert B. Stortz (M. D. or other) M.D.
Address Galena, Kansas Date signed 4-18-47

fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

19-2744-8 2-42—80M

47-4-379

MAY 27 1947

MAY 29 1947

Steve Parker · Joplin ~~Mo~~.
Embalmer Licen # 2548