S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 186

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 207

State File No. 9091

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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.: 2627 Kentucky
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Emily L. Jackson
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: W. Dan Jackson
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 15, 1890 (Month) (Day) (Year)

8. AGE: Years 57 | Months 7 | Days 8 | If less than one day: hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: John Haggard
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Emily Erskin
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: W. Dan Jackson
(b) Address: Joplin, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation OSBORNE MEM
18. (a) Signature of funeral director: Hurlbut-Glover
(b) Address: Joplin, Mo.
19. (a) 2-27-48 (Date received local registrar) (b) Dolores Lamphier D.R. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th year 1948 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from 2-24- 1948 to only 19..; that I last saw her alive on February 24 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebellar Hemorrhage 1hr
Due to: Essential Hypertension
Due to: Hypertensive Heart Disease
Due to: Generalized Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: Same as above

PHYSICIAN — Underline the cause of 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? Means of injury

23. Signature: John E. Birch (M. D. or other)
Address: Joplin, Missouri Date signed 2-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-2-220

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 Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Penny K. Zumbach

Licensed Embalmer No. 959

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.