

3000  
-47  
-39  
1906

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36990

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

State File No. \_\_\_\_\_

FILED DEC 6 1948  
Registration District No. 776

Primary Registration District No. 3026

Registrar's No. 365

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Independence Sanitarium & Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether \_\_\_\_\_)  
In this community 20 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 314 East Pacific  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY I. JACKSON  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 29th,  
year 1948 hour 12 minute 35 A.M.  
21. I hereby certify that I attended the deceased from 29 Oct  
1947, to 29 Nov, 1948.  
that I last saw her alive on 28 Nov, 1948  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: January 14, 1860  
(Month) (Day) (Year)

Immediate cause of death Senility  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
38 10 15 hr. min.

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

9. Birthplace Tarkio, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions Terminal Pneumonia  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Abner Smith  
13. Birthplace Tarkio, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Ersley Bovee  
15. Birthplace Tarkio, Missouri  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mabel Wilson  
(b) Address Kansas City, Missouri  
17. (a) Burial (b) Date thereof 11/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cem.

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

18. (a) Signature of funeral director Roland R. Speaks  
(b) Address Independence, Missouri  
19. (a) 11-30-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Indep Mo Date signed 11-29 1948

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

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**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

*Poland P. Jenkins*

Licensed Embalmer No. 3604

P. O. Address. Independence, 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.**