

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 621

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS	
c. LENGTH OF STAY (in this place) 1 YEAR		d. STREET ADDRESS (If rural, give location) 109 LIBERTY STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 109 LIBERTY STREET		d. STREET ADDRESS (If rural, give location) 109 LIBERTY STREET	

3. NAME OF DECEASED (Type or Print) ROSA MORRIS JIMMERSON			4. DATE OF DEATH (Month) (Day) (Year) JAN. 22, 1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 21, 1868		9. AGE (in years last birthday) 80
				Months 9	Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) NEAR BROOKFIELD, MISSOURI	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WESLEY MORRIS		13b. MOTHER'S MAIDEN NAME MARTHA (UNKNOWN)		14. NAME OF HUSBAND OR WIFE CLARENCE JIMMERSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. John Hubbard, 35 S. Lightburn Liberty, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia		DUE TO (b) Chronic Nephritis			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 192X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Ascites and edema			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12-22, 1948, to 1-22, 1949, that I last saw the deceased alive on 1-22, 1949, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE R.M. Huck, M.D.		23b. ADDRESS Excelsior Springs Mo		23c. DATE SIGNED 1/22/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 24, 1949		24c. NAME OF CEMETERY OR CREMATORY CROWN HILL	
				24d. LOCATION (City, town, or county) (State) EXCELSIOR SPRINGS, Mo.	

DATE REC'D BY LOCAL REG. 1/24/49		REGISTRAR'S SIGNATURE Caroline Nuttall		62	
		REGISTRAR'S SIGNATURE Claude Prichard		ADDRESS Excelsior Springs, Mo.	

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-9-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Albert E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs

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.