

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7203

State File No.

FILED MAR 29 1955

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5076 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin,</u> <u>0495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles N.E. Jasper</u>		d. STREET ADDRESS (If rural, give location) <u>1910 Connor, Joplin, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Laura</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Jenness</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 23, 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New York.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George Holdridge</u>	13b. MOTHER'S MAIDEN NAME <u>Emuletta Holdredge</u>	14. NAME OF HUSBAND OR WIFE <u>Bert Jenness</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Bert Jenness, 1910 Connor, Joplin,</u>	ADDRESS
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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, asthma, 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) <u>Carcinoma of lungs and breasts</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>Richland Twp., Barton, Mo</u>
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 March 2, 1955 to March 19, 1955, that I last saw the deceased alive on March 15, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. Garrison Magee D.O.</u>	23b. ADDRESS <u>Jasper, Mo.</u>	23c. DATE SIGNED <u>3-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gr. Lakeview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 21, 1955</u>	REGISTRAR'S SIGNATURE <u>Hazel H. Pugh 15-0</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Marlin Selby</u>	ADDRESS <u>Sharp & Selby, Jasper, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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. 4911 

working under my personal supervision.

Student
Student Embalmer

Signed Lawson S. Sharp

Licensed Embalmer No. 4922

P. O. Address Jasper, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.