

No. 2
4-13-40
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FILED AUG 9 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25416

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

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: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 (Specify whether _____)
In this community _____
years, months or days

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. 1821 PEARL
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Jerry Anderson Sackett. 230

3. (b) If veteran, name war **** 3. (c) Social Security No. ****

4. Sex Male 5. Color W 6. (a) Single, widowed, married, divorced ****

6. (b) Name of husband or wife **** 6. (c) Age of husband or wife if alive **** years

7. Birth date of deceased July 18th 1940
(Month) (Day) (Year)

8. AGE: Years <u>0</u>	Months <u>0</u>	Days <u>13</u>	If less than one day hr. _____ min. _____
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9. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation ****

11. Industry or business **

12. Name H. C. Sackett.

13. Birthplace Joplin Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emily Anderson.

15. Birthplace San Francisco Cal.
(City, town, or county) (State or foreign country)

16. (a) Informant H. C. Sackett

(b) Address 1821 PEARL JOPLIN MO

17. (a) Burial (b) Date thereof 7-31-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Joplin Mo

19. (a) 8-1-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31 year 1940 hour _____ minute 30 M.

21. I hereby certify that I attended the deceased from July 18 1940, to July 31 1940, that I last saw him alive on July 30 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Gastric Stenosis BIRTH

Due to _____

Other conditions 159A
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

(e) _____ (Specify type of place) _____
while at _____ (Specify means of injury)

23. Signature [Signature] (M. D. or other) _____

Address Joplin Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
7
5

40-8-290

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..... *Perry K. Hureb*
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.