

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 116

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:
530 Porter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All life 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. 601 Porter (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Priscilla Jackson Smith
3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 8, 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Jackson
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Paulina E. Snough
15. Birthplace No. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant P. Smith
(b) Address 2218 Hurlbut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/44
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Hurlbut Un. Co.
(b) Address Joplin, Missouri

19. (a) 2-23-44 (Date received local registrar) (b) Gertrude Sudhoefer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1944 hour 12:10 A. minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 12 1944 to Feb 22 1944
that I last saw him/her alive on Feb. 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Robert pneumonia Duration 10 days

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ralph L. Key (M. D. or other) _____
Address Joplin, Mo. Date signed 2/24/44

USE CONTINUING BACK LINK - MAKE A PERMANENT RECORD

44-2-158

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Perry K. Furlbut

Licensed Embalmer No. 959.....

P. O. Address.....

Joseph M.

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.