

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

213-  
**32228**  
 Do not use this space.

DEC'D OCT 10 1939

**1. PLACE OF DEATH**

(a) County Cole Registration District No. 213  
 (b) Township Jefferson Primary Registration District No. 3014  
 (c) City Jefferson (d) Street No. 320 W. Elm St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

James Robert Tarrants  
 (a) Residence, No. 320 West Elm St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1929  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
10 1 26  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri  
 13. NAME Eugene Tarrants  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 15. MAIDEN NAME Mildred Wright  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Eugene Tarrants Jefferson City Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE Sept. 19 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tanner Service Jefferson City Mo.  
 20. FILED 9/17/1939 Sub Registrar Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1939 to Sept 15, 1939  
 I last saw him alive on Sept 17, 1939. Death is said to have occurred on the date stated above, at 3:09 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Sepsis + Pneumonia  
Bronchi  
Pneuma  
 Date of onset Sept 14  
 Other contributory causes of importance:  
Rheumatic Heart disease  
Glomerulonephritis  
 Date of onset Jan 39  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Jas. A. Hill \_\_\_\_\_ M. D.  
 (Address) Jefferson City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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,

*A. M. Davis*

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*A. M. Davis*

Licensed Embalmer No.

*3741*

P. O. Address

*Jefferson city*

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

If this body is not embalmed, above space should be left blank.