

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28513  
Registrar's No. 325

Registration District No. 213 Primary Registration District No. 2114

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
114 Polk St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No.  
(Specify whether  
In this community 20 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 114 Polk St.  
(If rural, give location)  
0  
(e) If foreign born, how long in U. S. A. ? ----- years.

3. (a) PRINT FULL NAME Oscar Jacob Jarrett

3. (b) If veteran, name war ----- 3. (c) Social Security No. 702-16-0400

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Gltrude Blankenship 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 4 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>8</u>	<u>5</u>	hr. _____ min.

9. Birthplace Iberia, Mo.  
(City, town, & county) (State or foreign country)

10. Usual occupation Railroad stationary firman.

11. Industry or business -----

MOTHER FATHER {

12. Name J. W. P. Jarrett

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

14. Maiden name Elizabeth Rhodolph

15. Birthplace Iberia, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Jarrett  
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 12/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Busscher Funeral Home

(b) Address Jefferson City, Mo.

19. (a) 12/11/40 (b) Subscribed M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
year 1940 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 to 12-9, 1940  
that last saw him alive on 12-8, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gall bladder

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 46

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? !!!  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Subscribed (M. D. or other) M.D.  
Address Jeff City Mo Date signed 12/11/40

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

**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.....

*Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.**