

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5707 Lydia Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 4 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5707 Lydia Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Hugh Charles Jarrett

3. (b) If veteran. No name war \_\_\_\_\_  
3. (c) Social Security No. 495-10-709

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Helen Jarrett  
6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased August 20 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 8 24 hr. \_\_\_\_\_ min.

9. Birthplace Harrington / Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanical Engineer  
Panhandle Eastern Pipeline Co.

11. Industry or business \_\_\_\_\_

12. Name Charles Seldon Jarrett

13. Birthplace Belmont County / Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Audella Ferrin

15. Birthplace Rochester / New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Jarrett  
(b) Address 5707 Lydia

17. (a) Cremation (b) Date thereof MAY 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. Newcomer's Sons

18. (a) Signature of funeral director D.W. Newcomer  
(b) Address 1401 Brush Creek Blvd.

19. (a) May 15 1941 (b) M.M. Crave  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1941 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from 2-24-41 to May 14 1941  
that I last saw him alive on May 14  
and that death occurred on the date and hour stated above

Immediate cause of death Myocardial infarction with Peritonitis

Due to thrombosis + Pre-formation

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

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy None

Duration

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) None

(b) Date of occurrence None

(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? None

While at work? None (Specify type of place) (e) Means of injury None

23. Charles (Carbaugh) (M, D or other)  
Address 1 Bryans Bldg Date signed 5-15-41

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

5707 Lydia

U

*Just. Sec. 107*  
*Dr. Eugene Carr*  
*714 Bryant Bl*  
*2-6*

**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 *George M. Collier*  
Licensed Embalmer No. *3839*  
P. O. Address *K.C., 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.**