S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1280

FILED FEB 11 1942

Registration District No. 249

Primary Registration District No. 1002

Registrar's No. 393

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-5-42-1-11-42 (Specify whether
In this community 20 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8

(d) Street No. 556 Tracy
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 10

3. (a) PRINT FULL NAME ANDREW JARRETT

3. (b) If veteran, name war No

3. (c) Social Security No. Unk

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan. (Month) 20 (Day) 1878 (Year)

8. AGE: Years 63 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/42 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director McCoy Funeral

(b) Address 1905 E 14 st

19. (a) 1/28/42 (Date received local registrar) (b) M. R. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1942 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from January 5, 1942 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis - Cerebral Vascular Accident

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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)

While at work? (e) Means of injury

23. Signature J. C. Turner (M. D. ~~or other~~)

Address Gen. Hosp. #1-600 E 22 Date signed 1-13-42

(Licensed Embalmer's Statement on Reverse Side)

FEB 13 1942

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 me

H B Moore, Registered Apprentice No.

working under my personal supervision.

Signed H. B. Moore

Licensed Embalmer No. 2440

P. O. Address 1820 18th St

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.