

FILED AUG 14 1942
4-1-7-394

Registration District No.

Primary Registration District No. 4550

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Purcell

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Purcell

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

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

If yes, name country

3. (a) PRINT FULL NAME Ivan Jarmin

3. (b) If veteran, name war No

3. (c) Social Security No. 500-09-1524

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fern Jarmin

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased April 5 1901 (Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Electrician

11. Industry or business None

12. Name James Albert Jarmin

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

14. Maiden name Mirtie Glover

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

16. (a) Informant Mrs. Ivan Jarmin

(b) Address Purcell, Missouri

17. (a) Burial (b) Date thereof July 29, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) July 28, 1942 (Date received local registrar) Mrs. Lillie Sage (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 27 day year 1942 hour 8:45 minute 16 PM M.

21. I hereby certify that I attended the deceased from 1942 to 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary embolism

Due to: 128

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

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?

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

23. Signature Mrs. Lillie Sage (M. D. or other) Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49

2

42-7-659.

AUG 31 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *John D. Patchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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.