

Registration District No. **40-8 414** Primary Registration District No. **424-9 4248** Registrar's No. **155**

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

1. PLACE OF DEATH:

(a) County **Casper**

(b) City or town **Sarcoxie town**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **all her life** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jasper**

(c) City or town **Sarcoxie**
(If outside city or town limits, write "RURAL")

(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 **Tressie Mae Jarvis**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21** year **1942** hour **3:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **April 27**, 1942 to **July 21**, 1942 that I last saw her alive on **July 20**, 1942 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **W**

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

6. (b) Name of husband or wife **Claude E. Jarvis** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Sept 21 1894**
(Month) (Day) (Year)

Immediate cause of death **Endocarditis acute** Duration **1 week**

Due to **Pulmonary Emphysema** **4 mo**

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

8. AGE: Years **45** Months **10** Days **0** If less than one day hr. _____ min. _____

9. Birthplace **Newton County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **G. A. Alberty**

13. Birthplace **Newton County Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Mae Bowers**

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

16. (a) Informant **Claude E. Jarvis**

(b) Address **Sarcoxie Mo.**

17. (a) **Burial** (b) Date thereof **July 23 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Van Buren**

18. (a) Signature of funeral director **Max S. Fossett**

(b) Address **Sarcoxie Mo.**

19. (a) **July 27 1942** (b) **Elizabeth Couplin**
(Date received local registrar) (Registrar's signature)

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 **0**

23. Signature **PA Halms** (M. D. or other) **W. Vernon**
Address _____ Date signed **7-24-42**

1803

42-7-609

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..... *Mat L Fossell*

Licensed Embalmer No. *4252*

P. O. Address..... *Sarasota, Fla*

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.