

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1942

Registration District No. _____

Primary Registration District No. 3039

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Linn

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

(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 _____ (Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

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

(d) Street No. 401 E. Chicago
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Leota Jarpening

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1942 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him or alive on Oct 6, 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

(b) Name of husband or wife Dr. E. Jarpening (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 15 1867
(Month) (Day) (Year)

Immediate cause of death angina pectoris Duration _____

8. AGE: Years 70 Months 6 Days 21 If less than one day _____ hr. _____ min.

Due to coronary thrombosis

Due to coronary sclerosis

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

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

10. Usual occupation Housewife

Major findings: 9/4
Of operations _____

11. Industry or business _____

12. Name Thomas Walker

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

14. Maiden name Mary B Jarpening

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

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Robert H Jarpening
(b) Address unknown

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Oct. 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Oliver

(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? _____

18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo

19. (a) 10-10-1942 (b) M. W. Cason
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature P. J. Patrick (M. D.)
Address Marceline Mo Date signed 10/9/42

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 Blauche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline 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, above space should be left blank.