

REGISTRATION DISTRICT NO. 199

Primary Registration District No. 1002

Registrar's No. 2060

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:  
Woodlea Hotel - 3552 Broadway /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution -- (Specify whether  
In this community 1 1/2 Years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Martha Jane Jarboe

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mr. Thomas Jarboe 6. (c) Age of husband or wife if alive 71 yrs years  
7. Birth date of deceased February 24 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business --

MOTHER FATHER { 12. Name William Shoulders  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Minerva Jane Peterson  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Thomas Jarboe  
(b) Address Woodlea Hotel - 3552 Broadway

17. (a) Burial (b) Date thereof May 4, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newcomer's Vaults

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd

19. (a) 5-3-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County San Francisco 999  
(c) City or town San Francisco 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 580 Market Street 2 Broadway 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd  
year 1943 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from JUNE 1943 to MAY 2 1943  
that I last saw her alive on April 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease  
Due to Arteriosclerosis

Due to g/fw  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_  
23. Signature H. H. Douglas (M. D. or other) \_\_\_\_\_  
Address 315 Alameda Rd, K.C., Mo. Date signed 5/3/43

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

2.5-  
236 Ridge Medical Bldg  
U.S. Army

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**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..... *K. O. Newcomer Jr*

Licensed Embalmer No. *3/04/3*

P. O. Address..... *K. O. Newcomer*

**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.**