

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31847**

Registration District No. **155**

Primary Registration District No. **4244**

Registrar's No. **11**

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution 508 N. Daugherty
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 508 N. Daugherty
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Earl Jarnagin

3. (b) If veteran _____ name war _____

3. (c) Social Security No. 07872-8925

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd
year 1943 hour 7:10 minute a. M.

21. I hereby certify that I attended the deceased from June 9
 1943 to Sept 2 1943

that I last saw him alive on Aug 20 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dorothy Jarnagin

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Aug 31 1916
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis

Duration 3 yrs

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u> 27 </u>	<u> 0 </u>	<u> 1 </u>	hr. _____ min. <u> 0 </u>

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

10. Usual occupation Laborer

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 Earl Jarnagin

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

14. Maiden name Dorothy Jarnagin

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

16. (a) Informant Dorothy Jarnagin

(b) Address Carterville Mo.

17. (a) Burial (b) Date thereof Sept 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cem.

18. (a) Signature of funeral director W. H. C. Clark

(b) Address 211 N. 1st St. Carterville Mo.

19. (a) Sept 7 1943 (b) W. H. C. Clark
(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 _____

23. Signature Robert M. Rowson M.D. (M. D. or other)

Address Carterville Mo. Date signed 9-7-43

1180

43-9-553

JAN 24 1956

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.