

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **5210**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 520 West 12th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 520 West 12th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS B. JARVIES

MEDICAL CERTIFICATION

3. (b) If veteran, name war No 3. (c) Social Security No. 486-26-3433

20. DATE OF DEATH, Month Dec. day 10th year 1943 hour 4: minute 45 A. M.

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Hanna A. Jarvies 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased August 19 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1-43 to Dec 9-43 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 3 Days 21 If less than one day hr. min.

Immediate cause of death Myocardial  
Due to Severe Cardio-Vascular Degeneration (old age)  
Due to Infected Teeth

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

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation Heating and Plumbing

Major findings: Of operations none Of autopsy none

11. Industry or business Edward Jarvies

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name Edward Jarvies

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

14. Maiden name Margaret O'Connor

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

16. (a) Informant Leslie Jarvies

(b) Address 807 East 42nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marv's

18. (a) Signature of funeral director J.M. Magner  
(b) Address Kansas City, Mo.

19. (a) 12-10-43 (Date received local registrar) (b) T.E. Brown (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 Edith O'Donnell (M. D. or other) \_\_\_\_\_  
Address 480 S. 4th St. Bldg Date signed 12/10/43

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

11-4830  
Hanschfeld

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 A. R. Hanschfeld

Licensed Embalmer No. 4159

P. O. Address Kansas 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.