S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 97 — Primary Registration District No. 5353 — Registrar's No. 82

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Red Top R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson tup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dallas 30
(c) City or town Red Top (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Claude C. Jarnagin
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tamsie Jarnagin
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Oct. 13 1884 (Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Dallas Co. Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Miner
11. Industry or business
FATHER
12. Name John J. Jarnagin
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louisa Lingle
15. Birthplace Johnstown Pa 1 (City, town, or county) (State or foreign country)
16. (a) Informant Elmer R. Johnson
(b) Address Kansas City Kans
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4-43 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville Cemetery
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo
19. (a) Dec 30-1943 (Date received local registrar) (b) Mrs A. H. Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 43 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec. 1942, to Dec. 2 1943; that I last saw him alive on Dec. 1 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Silicosis	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

114a

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature P. O. Hammon (M. D. or other) M.D.
Address Buffalo Mo Date signed 12-[illegible]

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1944

[illegible]
[illegible] Health Officer No. [illegible]
[illegible] 12-43-1395
[illegible] 1-4-44

JUN 28 1946

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 Morris B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.