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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7187

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 209

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1526 W. Lee 1 (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 Mo. (b) County Greene 38 2

(c) City or town Springfield (If outside city or town limits, write "RURAL") 6

(d) Street No. 1526 W. Lee (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Homer Jarrett

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma Jarrett

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June (Month) 29 (Day) 1887 (Year)

8. AGE: Years 56 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation None, Invalid for yrs.

11. Industry or business

FATHER
12. Name James Jarrett
13. Birthplace Lawrence County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Effie Roberts
15. Birthplace Lawrence County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Jarrett

(b) Address 1526 W. Lee, Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation Chesapeake, Mo.

18. (a) Signature of funeral director Fred E. Greene

(b) Address 1100 Boonville, Spfd., Mo.

19. (a) 3-1-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th year 1944 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 2-29-44, 19, to 2-29-44, 19; that I last saw him alive on 2-29-44, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	10 hrs
Due to Hypertension Heart Disease	?
Due to Perkinson Syndrome	18 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
Of autopsy

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 8

23. Signature [illegible] M.D. (D. or other)

Address Springfield, Mo. Date signed 3-1-44

701 (Licensed Embalmer's Statement on Reverse Side)

DEC 6 1955

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield 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.