

FILED MAY 11 1945

Registration District No. 72

Primary Registration District No. 1600

Registrar's No. 497

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hosp. M
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days) In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ayr Lawn Addn. R.P.D. 50
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME John & Jarrett

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Bell 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 30 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Green Bar W. Va 1
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business

12. Name Unknown 9

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

14. Maiden name 7

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

16. (a) Informant Laris A. Jarrett

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 5-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cem

18. (a) Signature of funeral director EEMAN & SON, INC.

(b) Address ST JOSEPH, MO

19. (a) 5-4-45 (b) W. H. Jarrett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1945 hour 8 minute N.A.M.

21. I hereby certify that I attended the deceased from Apr. 1944, 1945, to May 2, 1945.

that I last saw him alive on May 1, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia 2 da.

Due to Endocarditis obliterans of left leg + operation 9 wks. for amputation.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations III ✓

Of autopsy

Duration

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 W. H. Jarrett (M.D. or other)

Address Kirksport Mo. Date signed 5/1/45

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

MOTHER FATHER

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

working under my personal supervision.

Registered Apprentice No.

Signed

Robert H. Yaph

Licensed Embalmer No.

3308

P. O. Address

St Joseph 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.