

S. No. 2
M-5-43
7-5-17-39
P. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36234

State File No.

FILED NOV 26 1945

Registration District No. 277 Primary Registration District No. 10 02 Registrar's No. 4564

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marv's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community Non-resident
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 7
(c) City or town Amsterdam (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME FLOYD W. JARRED
3. (b) If veteran, name war World War #1 3. (c) Social Security No. 702-12-3551

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 4th
year 1945 hour 4: minute 30 P. M.

4. Sex Ma 5. Color of race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Jarred 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July 13 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Pathologist 19...;
that I last saw h... alive on... 19...;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
54 3 21 hr. min.

Immediate cause of death Circulatory Failure Duration
Paralytic Ileus
Ruptured Appendix
Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death) 21:1

9. Birthplace Linn County Kansas /
(City, town, or county) (State or foreign country)
10. Usual occupation Agent Operator

Major findings: Appendectomy PHYSICIAN
Of operations...
Of autopsy See Above
Underline the cause to which death should be charged statistically.

11. Industry or business K.C. Southern R.R.
12. Name Samuel Jarred
13. Birthplace Indiana /
(City, town, or county) (State or foreign country)
14. Maiden name Julia Pugatte
15. Birthplace Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Jarred
(b) Address Amsterdam, Mo.
17. (a) Removal (b) Date thereof 11-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Amsterdam, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director J.M. Wagner
(b) Address Kansas City, Mo.
19. (a) 11-5-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) Means of injury 5
23. Signature A.E. Washer (M. D. M.D.)
Address 2800 Main Date 11/5/45

36. (Licensed Embalmer's Statement on Reverse Side)

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

11 - 9878
Ruppel

DEC 10 1945

JAN 14 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 Cecil R. Mathes

Licensed Embalmer No. 3807

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.