S. No. 2
OM—5-43
v. 5-17-39
S I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36235

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4575

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 JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3 DAYS (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2815 LINWOOD BLVD 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FRED JARRELL

3. (b) If veteran, name war no

3. (c) Social Security No. 490-10-5948

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Marie Jarrell

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 31 1885 (Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Jefferson Co., Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Salesman

11. Industry or business James B. Welsh Realty Co

MOTHER FATHER

12. Name James B. Jarrell

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

14. Maiden name Luella C. Herron

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

16. (a) Informant Mrs. Marie Jarrell
(b) Address 2815 Linwood Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-6-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 6TH year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 3, 1945 to Nov. 6, 1945 and that I last saw him alive on Nov. 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death bilateral ventricular failure (n.m.o.) — Duration 4 wks.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 2000

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

23. Signature [illegible] (M. D. or other) MD
Address KC. MO. Date signed 11-6-45

(Licensed Embalmer's Statement on Reverse Side)

1408 Walthum Bldg
1-30-5

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 Earl Ralph

Licensed Embalmer No. 23458

P. O. Address K. C. 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.