

FILED MAR 5 1946
Registration District No. 297

Primary Registration District No. 8057

1. PLACE OF DEATH

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
405 E. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 405 E. Main
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CARRIE A. JARBOE

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

4. Sex Fe 5. Color W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife O. M. Jarboe 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 11 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1946 hour 5 minute 00 A M.

21. I hereby certify that I attended the deceased from 6-12-45, 19____, to 2-19-46, 19____;
that I last saw her alive on 2-19-46, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis Duration 2 wks

Due to _____
Due to _____
Other conditions Cerebral Hemorrhage 2 days
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 940
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 82 Months 5 Days 8 hr. _____ min. _____
If less than one day

9. Birthplace Bellevue Neb
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER, FATHER { 12. Name George P. Averill
13. Birthplace N.Y.
14. Maiden name Maria Coltrin
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Russell Lacy

(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 2-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (c) Signature of funeral director Stanley Gibson

(b) Address Carrollton, Mo.

19. (a) Feb 21-46 (b) Mal Jackson
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type or place) Means of injury _____

23. Signature Thos J. Cook (M. D. XXX)
Address Richmond, Mo. Date signed 2-20-46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
5770

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 Ben W Gibson
Licensed Embalmer No. 2961
P. O. Address Carrollton 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.