

S. No. 2  
M-2-43  
5-17-39  
X 35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** MAY 27 1946  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17323

State File No. \_\_\_\_\_

Registrar's No. 58

Registration District No. 200

Primary Registration District No. 3041

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: Samaritan Hospital  
(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 Missouri (b) County Macon

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ann Jarvis

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17<sup>th</sup>  
year 1946 hour \_\_\_\_\_ minute 30 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Samuel Jarvis

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

7. Birth date of deceased: Aug 22<sup>nd</sup> ?  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 19-1946 to April 17, 1946  
that I last saw him alive on April 17, 1946  
and that death occurred on the date and hour stated above.

AGE:	Years	Months	Days	If less than one day
<u>Abt.</u>	<u>69</u>			hr. _____ min.

Immediate cause of death: Coronary Occlusion 30min

Due to Chronic myocardial disease & hyper 1yr

Due to tension

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James C. Davis

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

14. Maiden name Martha Brown

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Samuel Jarvis

(b) Address macon, mo

17. (a) Burial (b) Date thereof Apr 19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, mo

18. (a) Signature of funeral director Mahan & Son

(b) Address Moberly, mo

19. (a) Apr 23/46 Wm McNeely  
(Not 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 of place) Means of injury \_\_\_\_\_

23. Signature W. P. Donnelly (M. D.)  
Address macon mo Date signed 4/22/46

185

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

16204

RECEIVED

District Meak: Officer No. 10

District File Number 5-46-1008

Date Filed MAY 23 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 Frank J. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.