

FILED JUL 22 1946
STANDARD CERTIFICATE OF DEATH

State File No. **25914**

Registration District No. **322**

Primary Registration District No. **3021**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Slater**
(c) Name of hospital or institution: **no**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no** (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline 97**
(c) City or town **Slater 2**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Gilbert Wesley Jarvis**

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

4. Sex **male (1)** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary A. Jarvis** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Aug. 25 1862**
(Month) (Day) (Year)

8. AGE: Years **83** Months **10** Days **17** If less than one day
hr. min.

9. Birthplace **Ky. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **~~JAMES R. JARVIS~~**

11. Industry or business **Dentist**

12. Name **James R. Jarvis**

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

14. Maiden name **Mary Elizabeth Shipman**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mary A. Jarvis**

(b) Address **Slater, Mo.**

17. (a) **Burial** (b) Date thereof **7-14-'46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Slater, Mo.**

18. (a) Signature of funeral director **Hill Brothers**
(b) Address **Slater, Mo.**

19. (a) **July 22 '46** (b) **Mr. Earl C. Metz**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th**
year **1946** hour **4** minute **a** M.

21. I hereby certify that I attended the deceased from **Mar - 10**
1946, to **July 12**, 1946
that I last saw him alive on **July 11**, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Colon**
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? _____

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

23. Signature **Earl C. Metz** (M. D. or other)
Address **Slater, Mo.** Date signed **7-12-46**

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

19
2
1

24763

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-26-46

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

Sam M. Hill

Licensed Embalmer No.

1292

P.O. Address

Slater 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.