

No. 2
1-5-43
5-17-39
I X36671

FILED OCT 1 1946

Primary Registration District No. **5976**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Boeck

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

(c) Name of hospital or institution:
Jackson Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boeck **84**

(c) City or town Ladson, Mo **0**
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Township **0**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Minerva Jane Jarkes

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22nd
year 1946 hour 5 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 1946,
to _____, 1946,
that I last saw her alive on Sept. 23, 1946,
and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or race** White

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

6. (b) Name of husband or wife Fred L. Jarkes

6. (c) Age of husband or wife if alive 60 - years

7. Birth date of deceased July 16 1871
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>2</u>	<u>6</u>	hr. _____ min.

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home keeper

MOTHER FATHER

12. Name Timothy Steward **9**

13. Birthplace Not known **9**
(City, town, or county) (State or foreign country)

14. Maiden name Mabelle Steward

15. Birthplace Not known **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Fred L. Jarkes

(b) Address Ladson, Mo

17. (a) Burial **(b) Date thereof Sept. 29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)**

(c) Place: burial or cremation Wanley Cemetery
Christman Co., Mo

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walnut Grove, Mo

19. (a) Sept. 22-1946 (b) Lillie Frieze
(Date received local registrar) (Registrar's signature)

Major findings: 94A

Of operations _____

Of autopsy _____

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? _____

23. (a) Signature William B. Brown **(b) Means of injury** Coroner
(M. D. or other) **9/25/46**

Address Salinas, Mo **Date signed** _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Disposal Officer No. 71

Case No. 9-46-987

Date Filed 10-3-46

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 *Warren D. Tollett*

Licensed Embalmer No. *4005*

P. O. Address *W. E. Brown 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.