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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33614

FILED NOV 12 1946

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4598

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

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: Research Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 In this community from 1881 to 1938 (Specify whether years, months or days) 10 days

3. (a) PRINT FULL NAME Mrs. Hattie F. Jett
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Henry W. Jett
 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased August 3 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 2 27 hr. min.

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

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER {
 12. Name Thomas Jefferson Woodling
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Frances Runkle
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Young Agee,
 (b) Address 431 N. Leonard, Liberty, Missouri
 17. (a) burial (b) Date thereof 11-2-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery
Stine & McClure

18. (a) Signature of funeral director
 (b) Address 3235 Latham Plaza, K. C., Mo.

19. (a) 11-1-46 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clay 24
 (c) City or town Liberty 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 431 N. Leonard 1
 (If rural, give location)
 (e) Citizen of foreign country? no. x (Yes or No) 1
 If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
 year 1946 hour 11:57 minute P. M.
 21. I hereby certify that I attended the deceased from Oct 20
1946 to Oct 30, 1946;
 that I last saw her alive on Oct 29, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis 10 yrs.
 Due to arteriosclerosis 10 yrs.

Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 930
 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 N.P. Schumacher (M. D. or other) M.D.
 Address Liberty Mo Date signed 10-31-46

Dr. Glen Hendren, Liberty, Mo.

11. Mortuary will call

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 J. Blair Sheppard
Licensed Embalmer No. 4179
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.