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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40080

FILED DEC 23 1946

Registration District No. 78

Primary Registration District No. 4159

Registrar's No. 122

1. PLACE OF DEATH:  
 (a) County Daviess  
 (b) City or town Pattonsburg, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Daviess 31  
 (c) City or town Pattonsburg  
(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 Earl Lloyd Jarrett  
 3. (b) If veteran, name war World War II 3. (c) Social Security No. 483-12-5312

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married: divorced  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Jan 30 1899  
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Daviess County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

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

12. Name Sam A. Jarrett  
 13. Birthplace Daviess, County, Mo.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Caroline Wilson  
 15. Birthplace Daviess County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Caroline Jarrett

(b) Address Pattonsburg Mo.

17. (a) Burial (b) Date thereof 12-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director Ed Kramer

(b) Address Pattonsburg Mo

19. (a) 12-14-46 (b) Virginia M Englehart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11  
 year 1946 hour 7 minute 2 M.  
 21. I hereby certify that I attended the deceased from December 10  
 1946, to Dec 11 1946  
 that I last saw him alive on Dec 10 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Failure  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy ZOC A

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 B. Lee Shulhorn (M. D. or other) M.D.  
 Address Pattonsburg, Missouri Date signed 12-11-46

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

JAN 30 1947

2 AMM

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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..... *Elborner* .....

Licensed Embalmer No. *2857* .....

P. O. Address. *Pattersonburg 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.