

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13504**
Registrar's No. **1667**

Registration District No. **149**

Primary Registration District No. **1002**

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: **Menorah Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **1 Day**
In this community **1 Month** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **4415 East 10th.** **5**
(If rural, give location) **0**
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **James Edward Jett Sr.**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **11th.**
year **1947** hour **11** minute **30** A. M.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced. **Married**
6. (b) Name of husband or wife **Mary E. Jett**
6. (c) Age of husband or wife if alive. **64** years
7. Birth date of deceased **4-2-1883**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3/15/47**
to **4/11/47**
that I last saw **him** live on **4/11/47**
and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years Months Days If less than one day
64 **0** **9** hr. min.

Acute Coronary Artery Occlusion & Infarction left ventricle.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: **942**
Of operations
Of autopsy **same**

9. Birthplace **Kansas** (City, town, or county) (State or foreign country)
10. Usual occupation **Painter**

MOTHER FATHER
11. Industry or business
12. Name **William Jett**
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Mary I. Bender**
15. Birthplace **Indiana** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Mary E. Jett**
(b) Address **4415 East 10th.**
17. (a) **Burial** (b) Date thereof **4-16-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation **Green Lawn**
18. (a) Signature of funeral director **Mrs. C.L. Forster**
(b) Address **Kansas City, Missouri**
19. (a) **4-12-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (e) Means of injury
23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **[Signature]** Date signed **4/12/47**

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

Dr. Passman
VI 6575
Prof. Bldg.

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..... *Dean Owens*
Licensed Embalmer No. *4280*
P. O. Address..... *R. C. , No. 818 Brooklyn*

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.