FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31163

Registrar's No. 3980

WRITE PLAINLY—USING 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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3 WEEKS (Specify whether
In this community 14 YEARS
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") 8
(d) Street No. 1836 EAST-47TH STREET TERRACE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ----

3. (a) PRINT FULL NAME MISS SUE ELAINE DE JARNETTE
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased SEPTEMBER (Month) 13 (Day) 1933 (Year)

8. AGE:

Years	Months	Days	If less than one day
14	0	4	hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation STUDENT
11. Industry or business PASEO HIGH SCHOOL
FATHER
12. Name JAMES LEWIS DE JARNETTE, JR.
13. Birthplace BLACKWELL (City, town, or county) OKLAHOMA (State or foreign country)
MOTHER
14. Maiden name LOUISE TINDALL
15. Birthplace ALTON (City, town, or county) ILLINOIS (State or foreign country)
16. (a) Informant James De Jarnette Jr.
(b) Address 1836 E. 47th St. Terrace
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-19-47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. WASHINGTON CEM.
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 9-19-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 17TH year 1947 hour 9 minute 23 A.M.

21. I hereby certify that I attended the deceased from Aug. 27-1947, 19..., to Sept 17, 1947 that I last saw her alive on 9/17/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	unknown
Due to Intestinal Obstruction	unknown
Due to Volvulus	unknown
Other conditions (Include pregnancy within 3 months of death) 122 b	

Major findings:
Of operations 140 centimeters of gangrenous small intestine.
Of autopsy Peritonitis

PHYSICIAN
Underline the cause of 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 0

23. Signature: Paul W. Johnstone (M. D. ~~or other~~)
Address 1110 Bryant Bldg. Date signed 9/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard L. Foran

Licensed Embalmer No. 4250

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.