No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44145

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1566

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether)
In this community: 5 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 519 1/2 Messanie St. (If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Jake Jarman
3. (b) If veteran, name war: no
3. (c) Social Security No.: 487-16-1990
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 26, 1880 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	3	16	hr. min.

9. Birthplace: (City, town, or county) (State or foreign country): Austria
10. Usual occupation: retired railroadman
11. Industry or business: C.B.&Q
FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Social Security Records
(b) Address: Patee Hall, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St Joseph, Mo.
19. (a) 1-16-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 303

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 12 day: 12 year: 1947 hour: minute: 11 A.M.
21. I hereby certify that I attended the deceased from Dec 4, 1947 to Dec 12, 1947; that I last saw him alive on Dec 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinail Obstruction	Ukn.
Due to: Neoplasm of the Colon	Ukn.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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:
23. Signature: Owen W. Tracy (M. D. or other)
Address: The Tootle Bldg. St. Joseph, Missouri Date signed: 12-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.