No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 848

Registration District No. 320

Primary Registration District No. 5459

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Scene of Accident 7 miles West of Springfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 55
(c) City or town Halltown 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME AMOS MURRELL JARRETT
3. (b) If veteran, name war World War II
3. (c) Social Security No. Unknown
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marvella Wilson Jarrett (Killed in Same Accident)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 9, (Day) 1927 (Year)

8. AGE: Years 20 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Douglas County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Student
11. Industry or business None
FATHER
12. Name Frank Jarrett
13. Birthplace Wright County, Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ola Vaughan
15. Birthplace Douglas County, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Frank Jarrett (Father)
(b) Address Halltown, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/ 8 /1948 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Fun'l Home
(b) Address Springfield, Missouri
19. (a) 1-10-1948 (Date received local registrar) (b) Jewell Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5, year 1948 hour 3: minute ~~40~~ P. M.

21. I hereby certify that I attended the deceased from no physician in attendance, 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury of head

Due to driver of car in collision with truck

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: 39
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence January 5, 1948
(c) Where did injury occur? Springfield (City or town) (Greene) (County) Missour (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Auto Accident on U.S. Highway 66
(Specify type of place)
While at work? no (e) Means of injury Automobile, Crowder

23. Signature Murray C Stone, (M. D. or other)
Address Springfield, Mo. Date signed 1-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Green... Office,
County ... 48-2-15
Date Filed 2-6-48
MAR 18 1948

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 Harry Ayre, Registered Apprentice No. 479, working under my personal supervision.

Signed Jewell E. Mundle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.