S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1597

State File No.

FILED FEB 16 1948

Registration District No. 4

Primary Registration District No. 3032

Registrar's No. 15

51
2
2

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 403 Jackson (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 1 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Johnson 51
(c) City or town: Warrensburg (If outside city or town limits, write "RURAL") 2
(d) Street No. 403 Jackson (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Ella A. Jarman
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: Widow
6. (b) Name of husband or wife: Samuel N. Jarman
6. (c) Age of husband or wife if living: Dec'd years
7. Birth date of deceased: Oct. (Month) 4 (Day) 1874 (Year)

8. AGE: Years 73 Months 4 Days 2 If less than one day hr. min.

9. Birthplace: Lexington (City, town, or county) Ky. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ---
FATHER
12. Name: James W. Nicholson
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lydia Said
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Maurice Hawley
(b) Address: 403 Jackson Warrensburg
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Hill
18. (a) Signature of funeral director: Sweeney-Phillips
(b) Address: Warrensburg
19. (a) Feb. 7, 1948 (Date received local registrar) (b) Dorothy Cutteriff (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 6 year: 1948 hour: 7 minute: 15 M.

21. I hereby certify that I attended the deceased from Jan 10, 1948, to Feb 6, 1948, that I last saw her alive on Feb 3, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	7 days
Due to: Hypertension Heart Disease	5 years
Due to:	
Other conditions: arteriosclerosis (Include pregnancy within 3 months of death)	10 years

Major findings:
Of operations: 0
Of autopsy: 0

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: O. F. Parmer M.D. (M. D. or other)
Address: Warrensburg Mo. Date signed 2-7-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 21 19[illegible]

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 R. Q. Phillips, Registered Apprentice No. 14, working under my personal supervision.

Signed R. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.