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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8327

Registration District No. 101

Primary Registration District No. 5409

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava, Rural, Miller
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME W. M. Jarman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown Maggie Jarman

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct. 16, 1863 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	3	21	..... hr. ..... min.

9. Birthplace Marshall Town, Iowa / (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ?

FATHER
12. Name Unknown ?
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown ?
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant E. C. Sullivan
(b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 3-3-48 (Date received local registrar) (b) Vestal Bushman (Registrar's signature) 84

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from January 26th, 1948, to Feb 5, 1948; that I last saw him alive on Feb 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations N/	
Of autopsy N/	

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 2

23. Signature Dr. R. L. Shannon D.O. (M. D. or other)
Address Ava, Mo Date Feb 9, 1948

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-319
Date Filed MAR 17 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ora Md

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.