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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 9 1948

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

Dr. Baird

State File No. 29200

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 706 Summitt St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 38 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 24

(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")

(d) Street No. 706 Summitt St. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LAVARIA BELL JARBOE

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Edwin A. Jarboe

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

7. Birth date of deceased Aug. 14 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	1	16	hr. min.

9. Birthplace Randolph (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business ✓

FATHER
12. Name James Albert Evans
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Alice Eliza Cathcart
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mary Wills
(b) Address Scott Addition, Ex Spgs.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Virgil Hope
(b) Address Excelsior Springs Mo

19. (a) 10/30/48 (Date received local registrar) (b) Caroline Hollehing (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 30
year 1948 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 9-2 48, to 9-29, 1948
that I last saw her alive on 9-29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Accident	
Due to Diabetes	
Due to Vascular Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 J. E. Baird (M. D. or other)

Address Excelsior Springs Mo. Date signed 10-1-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Filed 10-8-48

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ely Springs M

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.