No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 23 1948

Registration District No. 26

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37103

Primary Registration District No. 9001

Registrar's No.

1. PLACE OF DEATH:
(a) County: JASPER
(b) City or town: JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST JOHN'S * JOPLIN, MISSOURI
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether
In this community: 8 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 2112 West 20th. Street 5
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: LOUISE MARIE JARRETT
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: FEMALE 1
5. Color or race: WHITE 1
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: ROBERT JARRETT
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: NOVEMBER (Month) 4 (Day), 1928 (Year)

8. AGE: Years	Months	Days	If less than one day
19	11	28	hr. min.

9. Birthplace: Anderson, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Roy Boyd 0
13. Birthplace: Anderson, Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Eleanor Sheffler
15. Birthplace: Joplin, Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant: Roy Boyd
(b) Address: 2112 W. 20th. St, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Osborne - Joplin, Mo
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin, Joplin, Mo
19. (a) 11-9-48 (Date received local registrar) (b) E. L. Jones by Dallas Memphis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 2
year: 1948 hour: 5:50 minute: P. M.

21. I hereby certify that I attended the deceased from Nov 2 1948 to Nov 2 (5 pm) 1948; 4:15 pm
that I last saw her alive on Nov 2 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embolus of Coronary Vessels	1 hr. 50 min
Due to: Confinement	4 hrs +
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 145 P

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): accident
(b) Date of occurrence: Nov 2 - 48
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) (e) Means of injury: clot breaking off

23. Signature: Ernest Mitchell (M. D. or other)
Address: Joplin Mo Date signed: 11-6-48

Jefferson City Printing Co.
138-0
(Licensed Embalmer's Statement on Reverse Side)

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

48-11-942

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.