

FILED FEB 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1296

120

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. LENGTH OF STAY (in this place) 38 yrs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2610 E 27th	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1				3. NAME OF DECEASED a. (First) DORA b. (Middle) Jarrott c. (Last) Jarrott			
4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 49		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH AUGUST-15-1865		9. AGE (in years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) AT HOME		11. BIRTHPLACE (State or foreign country) UNKNOWN, KENTUCKY	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM L. JARROTT	
13b. MOTHER'S MAIDEN NAME MARY M ^{rs} MURTRIE		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. P.C. SARGENT		ADDRESS 232 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Operative mortality from open reduction of hip ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) reduction of hip DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 903 20			
19a. DATE OF OPERATION 1-5-49		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident at home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.		21d. TIME OF INJURY Jan 5, 1949 m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall on floor		22. I hereby certify that I attended the deceased from Jan 5, 1949, to Jan 8, 1949, that I last saw the deceased alive on Jan 8, 1949, and that death occurred at 8:30a m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. W. Hart		(Degree or title)		23b. ADDRESS Med. Dir. Gen'l Hosp.		23c. DATE SIGNED 1-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-11-1949		24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL, MISSOURI		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 1-11-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE A.N. Newman		ADDRESS 1401 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

B. H. H. H.

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Bernard L. Gray

Licensed Embalmer No. 4250

P. O. Address DC 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.