

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26928  
3430

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>2 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>6217 South Benton</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6217 South Benton</b>				d. STREET ADDRESS (If rural, give location) <b>6217 South Benton</b>					
3. NAME OF DECEASED (Type or Print) <b>Mary</b>			a. (First)		b. (Middle) <b>C.</b>		c. (Last) <b>Jarman</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>August 8 1949</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>March 14, 1877</b>	
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Wellington, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Robert Beall</b>			13b. MOTHER'S MAIDEN NAME <b>Susan Sutherland</b>			14. NAME OF HUSBAND OR WIFE <b>Dee Jarman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Kenneth Jarman</b>				ADDRESS <b>6217 South Benton</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>  <b>unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4/201</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Jan 4, 1946</b> , to <b>Aug 8, 1949</b> , that I last saw the deceased alive on <b>Aug 7, 1949</b> , and that death occurred at <b>9</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>W.H. Algie</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>510 Bennett Bldg., K.C.K.</b>		23c. DATE SIGNED <b>8/9/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>August 9, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>			
DATE REC'D BY LOCAL REG. <b>8-9-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>R.L. Fulton</b>		ADDRESS <b>13197.18 K.C.K.</b>		

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

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 \_\_\_\_\_

*Billy J. Skinner*

Student Embalmer No. 320

working under my personal supervision.

Student *Billy J. Skinner*  
Student Embalmer

Signed

*M. J. Swisher*

Licensed Embalmer No. 3505

P. O. Address W. C. Causee

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.