

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8767

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO: 1002 Registrar's No. 1325

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>KANSAS CITY</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>KANSAS CITY</b>  |  |
| c. LENGTH OF STAY (in this place)<br><b>6 YEARS</b>  |  | d. STREET ADDRESS<br><b>3921 EAST 39TH STREET<br/>14712 NORTH LOPPING AVENUE</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>ST. JOSEPH HOSPITAL</b>                                |  |   |  |

|   |                               |  |   |   |  |  |                               |
|---|-------------------------------|--|---|---|--|--|-------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>WILLIAM</b>  |                               | b. (Middle) <b>L</b>   |   | c. (Last) <b>JARRETT</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>MAR. 29-1950</b> |                               |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> | 8. DATE OF BIRTH<br><b>MAR. 31-1890</b> |   | 9. AGE (In years last birthday)<br><b>59 YEARS</b> | IF UNDER 1 YEAR<br>Months Days                               | IF UNDER 4 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CONSTRUCTION WORKER</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>AVP FOOD STORES</b>              |   | 11. BIRTHPLACE (State or foreign country)<br><b>FAIRMONT NEBRASKA</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                |                               |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>WILLIAM JARRETT</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>JOA. MADISON</b> |  | 14. NAME OF HUSBAND-OR WIFE<br><b>MRS. OLIVE JARRETT</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>495-24-6866</b>    |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>MRS. OLIVE JARRETT 2301 EAST 39TH ST. KANSAS CITY, MO.</b> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 months</b>                             |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>HYPERTENSION</b>   |  | DUE TO (c) <b>ACUTE URINS INFECTIION</b>   |  | <b>UNKNOWN</b>  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>DECOMPENSATION, TOXIC JAUNDICE</b>  |  |  |  | <b>6 days</b>   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>4201</b>                                  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) |  | 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 **Dec 28, 1949**, to **March 19, 1950**, that I last saw the deceased alive on **March 18, 1950**, and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

|  |  |                                  |  |                                 |  |
|--|--|----------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <b>P. A. Kienberger</b> (Degree or title) <b>V.M.D.</b> |  | 23b. ADDRESS <b>5242 St John</b> |  | 23c. DATE SIGNED <b>3-19-50</b> |  |
|--|--|----------------------------------|--|---------------------------------|--|

|  |  |                              |  |  |  |   |  |
|--|--|------------------------------|--|--|--|---|--|
| 24a. BURIAL CREMATION (REMOVAL) (Specify)<br><b>BURIAL</b> |  | 24b. DATE <b>MAR 21-1950</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>ODD FELLOWS CEMETERY</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>DAVIS CITY IOWA</b> |  |
|--|--|------------------------------|--|--|--|---|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>3-21-50</b> |  | REGISTRAR'S SIGNATURE<br><b>Geraldine Holmes</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>D.W. Newcomer 1331. BRUSH CREEK KANSAS CITY MO.</b> |  |
|--|--|--|--|--|--|

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

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**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 John E. Fraking

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.