

FILED APR 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 134333

*Scobly*

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>835 E. 5th. St.,</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>835 E. 5th. St.,</b>			
3. NAME OF DECEASED (Type or Print) <b>Birdie (n) JARRETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 7, 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 3, 1893</b>
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR <b>0</b> Months <b>4</b> Days	IF UNDER 4 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid &amp; Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Carthage, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Fred Scott</b>		13b. MOTHER'S MAIDEN NAME <b>Mary F. King</b>	14. NAME OF HUSBAND OR WIFE <b>Steve Jarrett</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Earl Scott</b> ADDRESS <b>Carthage, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis Chronic interstitial</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>4222</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>			<b>1 yr</b>
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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) <b>none</b> m.		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 <b>attended the deceased from Mar 14, 1950, to April 7, 1950</b> that I last saw the deceased alive <b>April 7, 1950</b> , and that death occurred at <b>6:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>George H. Wood MD</b>		23b. ADDRESS <b>Carthage Mo</b>	23c. DATE SIGNED <b>April 7, 50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-10-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo.</b>
DATE REC'D BY LOCAL REG. <b>4/10/50</b>	REGISTRAR'S SIGNATURE <b>L. S. Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b> ADDRESS <b>Carthage, Mo.</b>	

RECEIVED 4/17/50  
Jasper County Health Office

County File Number 50-1-322

Date Filed 4-18-50

**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 Gene C. Pugh  
Gene C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.