

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27210

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 343			
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) OR TOWN INDEPENDENCE			c. LENGTH OF STAY (In this place) 18 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE 0484				
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM				d. STREET ADDRESS (If rural, give location) 625 SOUTH FULLER					
3. NAME OF DECEASED (Type or Print) ISAAC			a. (First)		b. (Middle) JARVIS		c. (Last)		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
AUG		30		1950					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEBRUARY 19, 1888			
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 6		IF UNDER 1 YEAR Days 11		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer & Dairyman			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) ENGLAND 4			
12. CITIZEN OF WHAT COUNTRY? U.S.A			13a. FATHER'S NAME No data			13b. MOTHER'S MAIDEN NAME No Data			
14. NAME OF HUSBAND OR WIFE Annie Jarvis			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. Ed. Birdsong, Independence, Mo.			ADDRESS						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach			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 DUE TO (b) rise to the above cause (a) stating the underlying cause last.						
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia				151X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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 12 Aug, 1950, to 30 Aug, 1950, that I last saw the deceased alive on 29 Aug, 1950, and that death occurred at 7:00 A.M., from the causes and on the date stated above.									
23a. SIGNATURE J. K. Saunders MD (Degree of title)				23b. ADDRESS Independence				23c. DATE SIGNED 8-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/2/50		24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery		24d. LOCATION (City, town, or county) (State) Jackson County, Missouri			
DATE REC'D BY LOCAL REG. Aug 31, 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks, Independence, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

SEP 5 RECD

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 *Stanley M. Seaton*

Licensed Embalmer No. *4504*

Independence, Mo
P. O. Address

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.