No. 300
10.48

FILED APR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8425

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1389

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL # 2 HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 2443 HIGHLAND

3418

3. NAME OF DECEASED (Type or Print)
a. (First): EXCELL
b. (Middle):
c. (Last): JARRETT

4. DATE OF DEATH (Month) (Day) (Year): MARCH 19, 1952

5. SEX: M.
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: July 20, 1921
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months ~~9~~ Days ~~29~~ — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): NORTH LITTLE ROCK / ARK.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CLIFTON JARRETT
13b. MOTHER'S MAIDEN NAME: ELIZA JANE SMITH
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): VET WORLD WAR 2
16. SOCIAL SECURITY NO.: 493-20-0445
17. INFORMANT'S SIGNATURE OR NAME: Eliza Jane ATKINS — **ADDRESS**: 2443 HIGHLAND

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) Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Brain Concussion & Chest Injury
DUE TO (c) Auto Truck Collision

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 2 cars + truck

E 8 W 1 26

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 25th & Charlotte
21c. (CITY, TOWN, OR TOWNSHIP): K.C. (COUNTY): Jackson (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3/19/52 2:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: 2 Auto + truck collision

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Thos. A. Jones (Degree or title): M.D.
23b. ADDRESS: 1612 E 12th
23c. DATE SIGNED: 3/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-26-52
24c. NAME OF CEMETERY OR CREMATORY: Nat'l Cem.
24d. LOCATION (City, town, or county) (State): Wadsworth Kans.

DATE REC'D BY LOCAL REG.: 3-25-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Flynn-Ramsey K-C-Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed D. F. Ramsey

Signed.....
Student Embalmer

Licensed Embalmer No. 4081

P. O. Address 1819 Truman Rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.