I DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011022

FILED VS MAR 28 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1441 STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 66yrs.	c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BENTON NURSING HOME 504 BENTON BLVD. — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 512 W. 13th STREET — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Arthur	Middle: M	Last: Jarratt	4. DATE OF DEATH Month: MARCH	Day: 9,	Year: 1960
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 1 23 78	9. AGE (last birthday): 82 yrs.	IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MARBLE POLISHER	10b. KIND OF BUSINESS OR INDUSTRY: K.C. MARBLE &TILE CO.		11. BIRTHPLACE (City and state or country): STRAFFORD MISSOURI	12. CITIZEN OF WHAT COUNTRY: USA	
13a. FATHER'S NAME: JOHN JARRATT	13b. MOTHER'S MAIDEN NAME: ANNA GRIMES		14. NAME OF HUSBAND OR WIFE: ELLA AGNES JARRATT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 495 09 8187		17. INFORMANT Address: MRS. BERNARD KELLY 512 W. 13th ST.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriosclerosis	6 yrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-1-60, to 3-9-60 and last saw her/him alive on 3-9-60

Death occurred at 7 45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Paul Laurenzana MD	22b. ADDRESS: 428 S. Whitham	22c. DATE SIGNED: 3 9 60
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: MARCH 11, 1960	23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM
23d. LOCATION (City, town, or county) (State): KANSAS CITY MO.		
24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS KC. MO.	25. DATE RECD. BY LOCAL REG.: 3-10-60	26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Frank Paul Laurenzana

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Albert L Savage

Licensed Embalmer No. 4812

P. O. Address Kansas C

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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