

Registration District No. **297**

Primary Registration District No. **3057**

Registrar's No. **18**

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

**1. PLACE OF DEATH:**  
(a) County **Ray**  
(b) City or town **Richmond**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**411 S. Wellington St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** **Albert Garrett**  
**3. (b) If veteran,** name war **No**  
**3. (c) Social Security** No. **No**

**4. Sex** **Male** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife.** **Josephine Garrett**  
**6. (c) Age of husband or wife if alive** **deceased** years  
**7. Birth date of deceased.** **Sept.** **20** **1864**  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
<b>80</b>	<b>6</b>	<b>7</b>		hr. min.

**9. Birthplace** **Howard Co. Mo.**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation.** **Coal Mining**

**11. Industry or business.**  
**12. Name** **John Garrett**  
**13. Birthplace** **Howard Tenn.**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Martha Sterns**  
**15. Birthplace** **Via.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Oren Garrett**  
**(b) Address** **Richmond, Mo.**  
**17. (a) Burial** **(b) Date thereof** **Mar. 30, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation.** **Suny Slope**

**18. (a) Signature of funeral director.** *J. Thurman*  
**(b) Address** **Richmond, Mo.**  
**19. (a) Mar 28 1945** **(b) Mrs. Shesha Sheppard**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Ray**  
(c) City or town **Richmond**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **411 S. Wellington St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Mar.** day **26**  
year **1945** hour **2** minute **45** **A.** M.  
**21. I hereby certify that I attended the deceased from** **3-26-45**, 19\_\_\_\_, to **3-26-45**, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**  
Duration **1 hour**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury \_\_\_\_\_  
**23. Signature.** *J. L. ...*  
Address **Richmond, Mo.** Date signed **3-28-45**

1280

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4/10/43

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, ###

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.